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ABSTRACT

The manual presents background and application information on providing an "inclusionary" approach to the education of young children. "Inclusionary" was expanded from nonsexist, multicultural perspectives to that of persons with disabilities. Project REED (Resources on Educational Equity for the Disabled) developed and field-tested classroom materials designed to incorporate images of disabled people and people of both sexes and many cultures in nontraditional roles. Workshop formats emphasized awareness training. Nine papers present perspectives of teachers (e.g. "The Teacher as Researcher: Elementary Biases from Classroom Materials" by N. Gropper), parents (e.g. "A Parent's View of Mainstreaming" by S. Vuolo) and a disabled rights activist ("Disabled Women: The Case of the Missing Role Model" by K. Corbett). Project REED workshops are discussed in the latter part of the guide. Warm-up activities are presented (including an activity focusing on notable women with disabilities. Workshop awareness tasks emphasize three topics: equitable early childhood classroom materials, inclusionary curricula, and inclusionary home environment. Appended material includes a list of recommended toys and books. (CL)

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CREATING A NEW MAINSTREAM

An Early Childhood Training Manual for an "Inclusionary" Curriculum

Pre-Publication Manuscript

Developed by the Non-Sexist
Child Development Project of
the Women's Action Alliance, Inc.,
New York, New York

Women's Educational Equity Act Program
U. S. Department of Education

EC 150132

CREATING A NEW MAINSTREAM

An Early Childhood Training Manual

for an "Inclusionary" Curriculum

Project R.E.E.D.

(Resources on Educational Equity for the Disabled)

Developed by the Non-Sexist Child Development Project

of the Women's Action Alliance, Inc., New York, New York

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SECTION ONE:

CREATING A "NEW MAINSTREAM"

CREATING A "NEW MAINSTREAM"

INTRODUCTION

> The teachers took the children down the block to visit Santa Claus. While they were waiting on the line, they overheard a person behind them say, "They shouldn't bring those blind children here--it spoils Christmas for everyone."

This incident, reported by the director of an early childhood program for legally blind children, happened, not in the 1920s or 1930s, but in 1980!

It is true that children with disabilities have taken steps into the mainstream since Public Law 94-142 -- The Education of All Handicapped Children Act of 1975 -- which declared that all disabled children are entitled to a free, appropriate public education in the "least restrictive" environment. In Head Start programs across the country, it has been mandated that at least 10 percent of the children enrolled have disabilities encompassing orthopedic, speech, hearing, sight, intellectual, or emotional impairments ranging from mild to severe. In many states public schools also are making an effort to mainstream children into regular classrooms. In some cases children are being re-evaluated, allowing those who formerly would have been put into special needs classrooms to join regular programs.

It is also true that, with the passage in 1977 of implementation regulations for Section 504 of the 1973 Rehabilitation Act (which prohibits discrimination on the basis of disability in all federally financed and assisted programs), adults with disabilities have begun to participate in the mainstream in slowly increasing numbers -- in careers, in education,

in cultural events, and in sports. Older students are finding it somewhat easier to gain acceptance to college, and adults with disabilities are able to apply for jobs because at least some accessible work sites, transportation, and living spaces are now available.

This was not always the case. In American society, preoccupied as it is with physical perfection, the disabled child and adult traditionally were (and in many cases still are) kept hidden from the world, protected and isolated within the home, or institutionalized. The disabled person was treated as "sick" and viewed as "disabled" first and foremost and as an individual last and least.[1] People with disabilities were denied education and, as a result in many cases, their human potetnial remained underdeveloped and their contribution to society wasted.

As one early childhood educator commented:

> When I was in Sweden for the first time some years ago, I was shocked by the number of people with disabilities. I saw them everywhere -- in the parks, in the stores, on the buses. I was puzzled as to why there were so many more of them in Sweden than in America until I finally realized that there weren't more -- they just weren't hidden away!

Only the most tenacious people with disabilities could overcome overwhelming bureaucratic stumbling blocks and gain admission to college and graduate studies programs. Only parents with superhuman endurance and patience were able to advocate and mediate to win their children's educational rights.

The struggle for mainstreaming and accessibility has barely begun and will continue for the forseeable future. Enough progress has been made, however, so that it is now possible for parents, teachers, adminis-

trators, government officials, and specialists who are concerned with issues of educational equity to take a look at the "mainstream" into which people with disabilities of all ages are entering. Some questions to consider are:

- o Is the mainstream sexist or nonsexist?
- o Does the mainstream accurately reflect the multiracial/ethnic population of America?
- o Does the mainstream include both images and actual role models of people with disabilities functioning in society?
- o Are issues of sexism and racism exacerbated for children with disabilities and particularly for disabled girls?
- o How can educators address these questions as they relate to the early childhood classroom?

THE NON-SEXIST CHILD DEVELOPMENT PROJECT

The Non-Sexist Child nevelopment (NSCD) Project has been striving to effect change in the mainstream since 1972, first by working to create early childhood learning environments that were nonsexist and multicultural and, since 1976, to make those environements inclusive of images of children and adults with disabilities.

The NSCD Project was started by the Women's Action Alliance, Inc., a feminist organization and clearinghouse, in response to inquiries from parents and teachers across the country for information about resources and strategies to eliminate sexism in the early childhood classroom. Normally the Alliance's response to requests was to refer the inquirer to the programs that addressed the specific issue. In 1972 there was no major program addressing sexism at the early childhood level -- so the

Alliance launched the NSCD Project to develop a national response to this issue.

The Project began with a period of research and development. The literature on sex-role development, both traditional and contemporary, was thoroughly reviewed, and onsite observations and interviews were conducted in about twenty-five preschool programs in the New York Metropolitan area.

Based on the observations and interviews, a comprehensive approach toward creating a nonsexist environment for young children was designed, including inservice teacher training, parent education, and the development of nonsexist curricula activities, classroom materials, and toys to support the curriculum.

The goals of the program were:

- To present men and women in nurturing roles so that children understand parenting as a shared responsibility.
- To show women and men performing a wide variety of jobs so that children understand that people are free to choose their work from a variety of options, unhampered by sex typing.
- To encourage girls as well as boys to engage in active play and to encourage boys as well as girls to enjoy quiet play.
- To help boys and girls respect each other so that they can be friends throughout childhood and into adulthood.
- To encourage all children, and consequently adults, to feel free to experience a full range of human emotions.
- To encourage the physical development of all children in order that boys and girls alike may know the joys of physical activity and be as strong and as fully developed physically as they are able.
- To present a more realistic view of the world as a pluralistic society

made up of many racial and ethnic groups.

- To present a more open view of the family so that children can explore the variety of families that exist side by side with the nuclear family and learn to accept and respect each of these family groupings.

During the spring and summer of 1973 a curriculum outline was written, and prototype sets of classroom materials were hand-made in preparation for pilot testing. The materials were variations on traditional early childhood equipment with a nonsexist and multicultural focus. They included:

- Wooden puzzles depicting women and men in nontraditional jobs.
- Wooden puzzles featuring men in nurturing roles.
- Block accessories that showed female and male workers in counterpart community jobs, e.g., letter carriers, police officers, doctors, nurses, construction workers.
- A lotto game that showed girls as well as boys in active play.
- Resource photos of men in nurturing roles and women in nontraditional career roles.

In addition, a library of nonsexist picture books and the one nonsexist record then available, Free to Be You and Me, were purchased for each center participating in the pilot testing. The curriculum encouraged teachers to create their own activities and allowed the program to develop according to the needs of each individual center.

The program was pilot tested during the 1973-74 school year in four schools in the New York Metropolitan area, three day care centers and one cooperative nursery school. As a result of the pilot testing, Nonsexist Education for Young Children: A Practical Guide was published by Citation Press in 1974.[2] The prototype nonsexist, multiracial classroom materials

subsequently were produced and distributed nationally by major early childhood educational manufacturers.

In 1976-77, under a grant from the Women's Educational Equity Act Program, the NSCD Project produced two award-winning films, The Sooner The Better, a training film for teachers, and The Time Has Come, a film for parents about nonsexist childrearing.

In 1976, the Project also sponsored the first National Conference on Nonsexist Early Childhood Education, which was designed to promote national recognition of the need for early childhood educators to make a nonsexist focus an integral part of program planning. More than two hundred decision makers, including researchers, teacher educators, local, state, and federal educational employees, administrators, and organizational leaders attended the two and one-half day meeting. The Conference proceedings were published in 1978 by Teachers College Press under the title Perspectives on Nonsexist Early Childhood Education.[3]

One major result of the Conference was the development by the NSCD Project of Project T.R.E.E. (Training Resources for Educational Equity). The idea generated from the early childhood administrators who attended one of the action sessions held on the final morning of the Conference. They recommended implementing a training program in nonsexist education through an already established training network, such as Head Start. The NSCD Project agreed that working through a national training network could create a "ripple effect" by reaching trainers and, through them, vast numbers of teachers, parents, and children. With a 1977-78 grant from The Women's Educational Equity Act Program, Project T.R.E.E., in cooperation with the New York University Office of Community Service (trainers and technical assistance providers for Head Start in Region II), developed

and pilot tested Maximizing Young Children's Potential: A Manual for Early Childhood Trainers.[4]

While all the special programs and materials from the NSCD Project had been efforts to incorporate a nonsexist, multicultural view into the mainstream, until the mid 1970s there was no effort to extend that mainstream to include images of children and adults with disabilities. This awareness began in 1975 when a director of one of the original pilot testing sites called to say that she was now directing a program for disabled children. She reported an interesting observation: the children were very responsive to the same nonsexist, multicultural prototype materials used in pilot testing the NSCD Project during 1973-74. She reasoned that the children responded because the materials used photographs of real people with whom they could identify. The director's observations sparked an idea: to develop new materials that would provide children with disabilities, and indeed all children, with role models of other children and adults with disabilities. It seemed especially timely to make these materials available for the mainstreaming effort that was just beginning to get under way.

It took more than a year to obtain funding, but in 1977-78 the NSCD Project received a grant to produce two prototype sets of photographs, Resource Photos for Mainstreaming. One set depicts disabled and non-disabled children in preschool scenes; the other depicts adults with disabilities in typical work, family, and recreational settings. The children and adults in these sets are active and functioning in contemporary society.

The Resource Photos, however, were just a beginning. Except for the publication of a few books about children with disabilities, images

of disabled children or adults were not integrated into the games, puzzles, block accessories, photographs, or actual experiences of preschool classrooms. How could disabled and nondisabled children be helped to understand and accept disability as a part of the world if people with disabilities were kept invisible and not made a part of a child's concrete experiential base?

The NSCD Project's growing awareness of the need for in-depth study of issues as they relate to children with disabilities dovetailed with the Women's Educational Equity Act Program's decision in 1980 to develop a priority for programs that looked at the special problems of discrimination and exclusion faced by disabled women and girls as they passed through the educational system. Thus, Project R.E.E.D. (Resources on Educational Equity for the Disabled) was designed to take a pioneering step in early childhood education by examining and documenting issues of exclusion and stereotyping of people with disabilities in preschool materials and programs. In addition, the Project would design the training workshops, resources, and classroom materials needed to create a truly "inclusive" early childhood learning environment -- one in which positive role models of children and adults with disabilities are incorporated through materials, wall displays, books, center staff who have disabilities, and concrete curriculum experiences such as field trips and classroom visits.

PROJECT R.E.E.D. (RESOURCES ON EDUCATIONAL EQUITY FOR THE DISABLED)

Project R.E.E.D. was funded by the Women's Educational Equity Act Program, 1980-82, under the priority area for disabled women and girls.

Its objectives were to: 1) analyze what is needed to provide an environment for young children that is nonsexist, multiracial/ethnic, and inclusive of images of the disabled; and 2) design and develop the classroom and training materials needed to accomplish this task. Like Project T.R.E.E. before it, Project R.E.E.D. has been developed in cooperation with the New York University Office of Community Service. While R.E.E.D. staff members have been chiefly responsible for program and materials development, coordination, and dissemination, NYU staff members have helped to design the workshops, pilot test them throughout Region II, and provide national dissemination through their Resource Access Project (RAP), which is part of a national technical assistance network for the Head Start mainstreaming effort.

The two years of Project R.E.E.D. have been divided into several phases. A brief outline of each phase follows.

PHASE I -- NEEDS ASSESSMENT

During the needs assessment, Project staff conducted a review of current literature for sex-role stereotyping. The literature included books about the disabled written for parents, teachers, or other professionals, and children's books that focus on a major character with a disability. Examples of some of the findings are:

- Books about the disabled written for parents, teachers, or other professionals convey the inaccurate message that most people with disabilities are white, male children.
- Most of the above books use the generic "he" throughout.
- In children's books focusing on a major character with a disability, that disabled character is usually portrayed as a white child who has

little or no contact with other children with disabilities and no contact with disabled adults.

- o Women are most often depicted as teachers and caretakers in children's books, in adult books for professionals, and in books for parents.
- o In children's books interactions between disabled people and their nondisabled peers are superficial.

Project staff also conducted onsite observations and teacher/director interviews in a variety of early childhood classrooms in California, North Carolina, Illinois, and New York. Although more than one dozen exciting, innovative mainstreamed and special education programs were visited, there was no evidence of "inclusionary" materials on the classroom walls, on the shelves, in the corridors, or in the closets. Except for a few books, the schools in no way reflected the fact that one of every five adults in the United States has a disabling condition. (The figure for children in one in ten.)[5] Teachers and directors, however, were very enthusiastic about Project R.E.E.D.'s plans to design such materials and offered many helpful suggestions as well as volunteering their centers as field testing sites.

Two facts became clear: 1) there is a decided absence of images of children and adults with disabilities in early childhood classrooms, even those specifically serving children with disabilities; and 2) there is a need for awareness training to help teachers and parents combat stereotyping on the basis of sex, race, and idsabling conditions.

PHASE II -- MATERIALS/WORKSHOP DEVELOPMENT

Based on the findings of the needs assessment, prototype "inclusionary" classroom materials were designed and handmade by craftspeople. The

materials include six felt hand puppets, three wooden puzzles, and eight wooden stand-up figures for use in block building and dramatic play. The Resource Photos for Mainstreaming which had previously been developed, were also included as prototypes. All the materials are nonsexist, multicultural, and inclusive of disabled children and adults.

The hand puppets consist of a visually impaired child with glasses, a blind adult with a cane, a nondisabled older woman, a nondisabled man, a hearing-impaired child with a battery pack hearing aid, and a hearing-impaired older man with a button-in-the-ear type of hearing aid.

The wooden figures consist of people of all ages, come of them disabled and some nondisabled, in a variety of work uniforms and street clothing. Females and males are depicted in nontraditional roles, and there is no distinction between family members and workers -- a distinction that does exist in traditional block accessory sets. The wooden puzzles have a surprise element -- a photograph of the subject is laminated into the tray holding the puzzle pieces.

The development of awareness training workshops (contained in this manual) took place simultaneously with that of the prototype materials. Initially Project R.E.E.D. staff members and the NYU trainers attended several all-day brainstorming sessions. During these meetings, research information collected during Phase I was thoroughly reviewed, and a series of interactive tasks and other training strategies were developed.

Over the course of several months, the workshop formats were refined; the materials/supplies needed to implement them were produced, gathered, duplicated, and purchased; evaluation measures were designed; and schedules were set up to pilot test the materials and formats in a variety of training settings.

PHASE III -- PILOT TESTING

In the spring of 1981, pilot testing of the workshops and materials took place throughout Region II. The NYU trainers implemented the sessions with Head Start participants in Glen Falls, NY; Freehold, NJ; Jersey City, NJ; and San Juan, PR. During the same period, the classroom materials were tested in six preschools in the New York metropolitan area, including nursery schools, day care centers, special needs programs, and Head Start centers. Project staff monitored the pilot testing of the materials, making at least three onsite visits to each center to introduce the materials, to observe them in use midway, and to interview the teachers about their use. Evaluation questionnaires developed for the workshops and materials also were pilot tested.

PHASE IV -- NATIONAL FIELD TESTING

National field testing of the workshops and materials took place during 1982. The prototype puppets, puzzles, and stand-up figures were reproduced so that at least ten sets could be in the field at a given time. Since the Resource Photos for Mainstreaming were already produced, teachers were able to keep the photos after the field testing was over.

Project R.E.E.D. staff went to each field testing site and trained teachers in the use of the materials. The teachers then introduced the materials on a prescribed schedule and kept records of the children's responses for a period of approximately six weeks at each site. At the end of this period, a Project R.E.E.D. staff member returned to conduct a feedback session and to collect the materials and record-keeping forms.

WEEAP demonstration sites in public schools in Newport, OR; Fort Lauderdale, FL; Quincy, MA; and Reidsville, NC, were involved in the field

testing. In Newport, the entire special education faculty received training in the use of the materials and then field tested them in classrooms throughout the district. In the four demonstration sites, a total of thirty-one teachers were involved in the field testing. In addition, RAPS in those areas were contacted and, as a result, fourteen Head Start classrooms in Portland, OR; Miami, FL; and Quincy, MA, also participated.

The response to the materials was positive and enthusiastic. In some instances they were the catalyst for new curriculum. For example, in Portland, one Head Start teacher arranged a very successful field trip during the holidays to a nearby nursing home where the children brought gifts and sang songs for the patients. In Newport, a sixth-grade boy came to realize that disabled people are members of families just like everyone else. The puppets, in addition to helping all children talk about disabilities, had an unexpected therapeutic effect as well. In one instance, a disabled child who, in repeated counseling sessions had not been able to communicate his feelings, picked up one of the puppets and began to talk "through it" because it too was disabled.

Research on children with disabilities abounds; and there is beginning to be a significant body of new research on the relationship between teacher behavior, peer behavior, parental expectations, and the development of sex-stereotyped attitudes in young nondisabled children. Almost no one, however, has looked at the results of stereotyping as it relates to the development of the disabled child.[6]

Project R.E.E.D. has broken new ground. It has been able to formulate the questions and begin to uncover some of the answers. The questions that need to be asked include:

o Are boys and girls with disabilities both "feminized" into passive,

dependent modes of behavior? (See Mary Ann Lang's article in the "Perspectives" section of this manual.)

- o Are girls with disabilities treated differently from boys with disabilities?
- o Are attitudes and expectations different depending on the sex of the disabled child? As one parent explained,

> "I called my mother to tell her that S (a girl) had been born with multiple handicaps, and she said, 'Well, thank God she isn't a boy -- that would have been a real tragedy.'"

- o How do differing expectations for disabled girls and boys, which begin in early childhood, translate into different educational opportunities?
- o How do different expectations affect work and other choices for independent living.

In addition, Project R.E.E.D. is asking some very practical questions:

- o What can be done to create awareness of these issues on the part of teacher and parents?
- o How can the early childhood classroom become more inclusive?
- o What materials and resources can we provide?
- o How can we create advocates for a "New Mainstream," one that is not sexist, racist, or handicapist?[7]

These are first-time questions for most people involved in early childhood education, mainstreamed and nonmainstreamed. We acknowledge that we have just begun to find a few answers. Just finding the right questions, however, has been an exhilarating experience for the Project R.E.E.D. staff and those educators, administrators, children, and parents whom the Project has reached to date.

Notes

1. Gliedman, John, and Roth, William. "Foreword" in The Unexpected Minority (for the Carnegie Council on Children). New York: Harcourt, Brace, Javanovich, 1980.

   It must be noted that while this is certainly a seminal and excellent book on the disabled child in America, it is written with no sensitivity to issues of sexism. The generic "he" is used throughout. In 1980, this is not easy to excuse.

2. Sprung, Barbara. Nonsexist Education for Young Children: A Practical Guide. New York: Citation Press (Scholastic), 1975. 3rd printing now available through the NSCD Project.

3. Sprung, Barbara (Ed.). Perspectives on Nonsexist Early Childhood Education. New York: Teachers College Press, 1978.

4. Blau, Melinda. Maximizing Young Children's Potential: A Nonsexist Manual for Early Childhood Trainers. Newton, MA: Project T.R.E.E., WEEAP Distribution Center, Educational Development Center, 55 Chapel Street, 02160, 1980.

5. Corbett, Katherine; Lea, Suzanne; and Zones, Jane Sprague. Equity Issues in Special Education. Paper presented at the National Council on Sex Equity in Education Conference, Denver, CO, 1981.

6. One article that does make the connection between sexism and issues of disability is Link, Albert H., and Gillespie, Patricia H. "The Influences of Sexism on the Education of Handicapped Children." Exceptional Children 42, 3 (November 1974): 155-162.

7. Handicapist is a term used to describe attitudes and practices that lead to unequal and unjust treatment of people with disabilities. See Interracial Books for Children Bulletin, Vol. 8, Nos. 6 and 7, 1977.

SECTION TWO: PERSPECTIVES

There is no way to simplify the issues that Project R.E.E.D. is trying to address. They are by nature deep and complex, tied as they are into socialization and educational practices, prejudices, and emotions. The Project is on new ground and is beginning to make the connections between sexism, racism, and disability.

While some efforts have been made to relate the issues of sexism and racism, as yet no one has added issues of disability to the equation, especially at the ealy childhood level. Therefore, there were no "experts" to call upon to write background essays for the manual. There are, however, people who have had direct experience with one or more components of the issue. Fortunately, they have been willing to share their thoughts, however preliminary, with the readers of this manual.

Project R.E.E.D. is grateful to the writers who have contributed essays to this section, each from her individual perspective -- as disabled rights activist, teacher, mother, counselor, director of a special education program, director of a day care center, and researcher/evaluator. Together, they provide a broad overview of the issues and give the reader some beginning strategies for change.

DISABLED WOMEN:

THE CASE OF THE MISSING ROLE MODEL

Katherine Corbett

> In high school people judged me because of my disability and that was where I had the most problems. People didn't see me as a Puerto Rican or a woman, they saw me as a blind person.

This statement of A, a Puerto Rican New Yorker, has been repeated in one form or another by many disabled women I have interviewed. As disabled women, the first thing people notice about us is our disability, the second thing is our sex and race. It's important for us to remember that order. As long as people view us as disabled first and women second, we are boxed in by those restraints.

Being disabled and a woman is to have a double identity -- sometimes a double joy, often a double burden. Being a disabled woman of color triples those identities. As disabled women, we carry around all the societal attitudes about who disabled people can and should be and the attitudes about who women can and should be.

In my childhood I wanted to group up to be able-bodied. I would be cured and never have polio again. Or I wanted to be a boy. My father paid my brother for his chores but not me, even though I was older, because, "You're a girl and you're supposed to do housework." Boys could grow up and be important, even if they were disabled. There was Franklin Roosevelt, Beethoven, Ironsides, and all those athletes making miraculous recoveries. But there was no one I could be, except maybe Helen Keller. "When educators tried to help me," a blind woman recalls, "they would always compare me to Helen Keller. I never heard of anyone else. They never talked about

'real' people."

ROLE MODELS

There is a lack of positive role models for disabled people, particularly disabled women. Granted that this situation exists for other oppressed minorities, at least racial and ethnic minorities often grow up in neighborhoods with people of their own color and culture. As disabled people, we don't have that opportunity. Nearly all of us grew up in nondisabled families, so that we're the only one in our families and neighborhoods quite like us. Often special schools or institutions became our communities. But they are a mixed blessing; they give us contact with other people with our type of disability, but since the staff is not disabled, we see no disabled people who are independent, out on their own, and working and feeling good about themselves.

This has a profound effect on disabled girls. A deaf woman said, "I never knew what would happen when I left school. It scared me. I used to believe that when I graduated I'd die or live with my family forever. That was because I'd never met a deaf woman."

What happens to the disabled girl who turns to the traditional models for women in society at large? These roles -- mother, housewife, factory or office worker, sex-symbol -- don't offer many choices to nondisabled women, much less disabled women.

When a disabled woman tries to fulfill any one of these roles, she meets incredible resistance. A quick look at disabled mothers demonstrates this. In the past few years a number of disabled women have been taken to court to prove that they can adequately care for their children. This action is often initiated by people completely outside the family unit,

such as neighbors. These people cannot imagine how a blind, deaf, retarded, or physically disabled person can possibly take care of children. And we have to go to the courts to prove that we can. This often results in humiliating "show and tell," where a mother must diaper a baby in open court before being allowed to take the child home again.

So what's left? We can't become adults, because with few exceptions (success stories) disabled people, especially disabled women, don't grow up. We can't be women because "true women" are able-bodied. The most prevalent social message is that we stay home, nicely protected, the eternal child. I long ago tired of being treated as a child. My place is in the world with everyone else.

To do that I need what every person needs: adequate housing, employment, transportation, access to needed services, and social relationships. As disabled people, some of this is hard to get, and as disabled women, it's even harder.

HOUSING

Home is our shelter from the world, our island, and sometimes our prison. For a disabled person to avoid the latter possibility, housing must be accessible according to the disability. For some, that might mean a location near public transportation; for others, a ground floor entrance. But whatever your needs, first you must find it, and then you convince a landlord to rent to you.

To be a shelter, housing must be safe. Disabled people are victims of more violence than the general population. I know this, all disabled people know this, but I can't prove it to you with facts and figures. We don't report it to the police or tell our families or social workers. I

think that's partly because we don't want people trying (and succeeding) to put us back into more restrictive environments. While this is true for all disabled people, the problem is intensified for disabled women because of the prevalence of sexual assault in our society. Housing is essential -- safe housing.

EMPLOYMENT

If we have safe, indpendent housing, we need a job to pay for it and to provide for more nebulous qualities like self-esteem. Disabled people have very limited opportunities to work: The so-called "sheltered workshops," where disabled people often make less than the federal minimum wage, can only serve a limited number of people. They usually offer no training that will help us succeed in the nondisabled work force, and they have very little ability to place workers outside the workshop itself.

Education has provided some of us with an entrance into the work force. This number is growing as colleges become more accessible to disabled students. But for the vast majority of us, SSI or some other form of assistance is the rule. On the average, the proportion of disabled people in the lowest poverty level has been twice that of the general population (1970 census).

It is estimated that up to 76 percent of all disabled women are unemployed. The estimate for disabled men, while still significant, is much lower. Let's look at some possible reasons why. Most women still earn considerably less than men. For example, a nondisabled white woman only earns 59 cents for each dollar earned by a nondisabled white man.

Many categories of jobs are still considered "women's jobs." These include nurses, teachers, office workers, and houseworkers. These jobs are low-paying. This state of things has a big impact on the disabled woman who is trying to get a job.

She is trying to get a job, but the employer has never thought about hiring a disabled person before, much less a disabled woman. Her vocational rehabilitation worker knows this and tries to guide her into a predetermined job category: a stereotyped woman's job with minor modifications. An example of this is dictaphone typist, a low-paying job with very little possibility of moving up. This is a common job category for blind women. Both your disability and your sex combine to limit your choices as well as any possibility of finding job satisfaction and true enjoyment of your work. With such restricted options, getting and keeping a job must suffice.

HEALTH CARE AND FAMILY PLANNING

As disabled people we're often seen as "unhealthy." Most of us are pretty healthy. We have more contact with the medical system because of circumstances related to our disabilities, not our health. For example, we might see a doctor to get a prescription before we can get a wheelchair paid for or a statement certifying that we are disabled. The treatment received from the medical system is roughly the same for disabled women and men, i.e., they react to us primarily through our disability. When it comes to family planning, however, there is a difference.

Few family planning professionals have ever dealt with a disabled woman; they never expected to face a disabled woman who wanted birth

control, pregnancy advice, an abortion, or parenting information. Most disabled women have not anticipated this either. So there they sit -- the woman and the doctor; the extent of their collective ignorance is frightening.

Why frightening? Let me answer with a true story. A friend of mine, a woman with epilepsy, went to see her doctor about birth control. This was a few years ago, and everyone was raving about the Pill. The woman told the doctor about her epilepsy and the medication she was on to control it. He wrote this down and then gave her a prescription for a brand of the Pill. The woman thanked him and left. She took the Pill regularly, but one day realized her period was overdue. She waited the required time and then went and got a pregnancy test. Sure enough, she was pregnant. She decided to terminate the pregnancy; went on the Pill, and a few months later was pregnant again. Her epilepsy medicine and the Pill counteracted each other; she was never protected by the Pill. Her doctor had never had an epileptic client before. The woman had never talked to another epileptic woman about birth control.

Their combined lack of information resulted in this woman having unwanted pregnancies, going through the emotional trauma of dealing with that and two abortions. That's too high a price to pay for being a pioneer in the mainstreaming of disabled people. Sadder yet, this information never got to other disabled women or family planning professionals. Outside the "rehab" profession, this kind of information travels very slowly, mostly by word of mouth from one disabled woman to another.

On the other hand, disabled women are up against incredible resistance when they want to get pregnant. All kinds of stories and truisms are thrown at the potential mother: you know you'll have trouble carrying it full term, the child might be disabled, who will take care of the baby.

Full or partial hysterectomies or sterilization are offered as options to parents of adolescent disabled girls. In Berkeley recently, the parents of a newly menstruating girl with cerebral palsy took her to the local hospital for a full hysterectomy saying they didn't want to deal with it for the rest of their lives.

Another disabled woman wanted to have a baby. Her gynecologist presented her with numerous arguments against it. Then he suggested sterilization as a way of getting off birth control. She said it sounded interesting. Three days later she was sterilized. Her nondisabled friend, who was married with three kids, had to wait two months, go through three counseling sessions, and get written approval from her husband before the doctors felt she was ready to make an informed decision. But for a disabled woman tomorrow was not a minute too soon.

COMMUNICATION

So much has been said, and so much more needs to be said, but I leave that for the next woman. There has been a common thread running through this discussion of role models, housing, employment, and health care -- lack of information about disabled women. Neither parents, nor professionals, nor disabled women themselves have enough information. It is time now, long overdue, for people to become informed and aware of disabled women and those particular needs and issues brought about by being both disabled and female.

Communication among disabled women will speed up the needed changes. Only ty talking to each other can we discover the problems we have in common and work together to fight for change. We can be role models to each other and to disabled girls growing up now.

We can do this by making ourselves visible. Writing about our lives and our needs can help other people understand our experiences. That way not only will disabled women become aware and organize for change, but also disabled men and nondisabled people can work with us to fight for changes.

And just plain talking can make a lot of difference. Bringing up issues of importance to disabled women at meetings and conferences and identifying yourself as a disabled woman will make people more aware that you are both disabled and a woman.

We are disabled women. We have important things to say. We have a right to be listened to and taken seriously. We have a right to be proud to be both disabled and women.

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WILL YOU HIRE ONE OF US?

Jan Calderón Yocum

During the past ten years, legislation, publications, television, and public service advertisements have extolled the virtues of mainstreaming disabled human beings. Gains have been made in the areas of early childhood and elementary education. For example, Head Start has mandated that 10 percent of the preschool children eligible for its program must have a disability. Training programs for staff in the areas of "special need" have been developed and implemented. Consultations with parents and various experts have been held to determine the best way to mainstream each child. Many attitudes have been changed regarding various disabilities in children.

At the same time, strides have been made in early childhood programs, Head Start, and day care toward providing nonsexist, nonracist environments. Books, games, songs, and hiring practices have been analyzed to make sure that there was no overt discrimination on the basis of sex, race or ethnicity.

Yet for all the advancements, there are still fears, misconceptions, and vacillating emotions when it comes to hiring disabled people as staff in early childhood and day care programs. As yet, the blind, the hearing impaired, the physically disabled and the mentally retarded are not considered capable of working in the classroom as teachers, assistant teachers, or teacher aides. Boards of various child care centers rarely hire the disabled persons as directors. Occasionally, one may slip in as a social worker, parent coordinator, secretary, or accountant.

Yet, disabled people are invited to visit early childhood programs to establish role models for the children. Perhaps this ambivalence comes from a lack of knowledge about the potential of people with various

disabilities. One might think, "If I were blind, or couldn't hear, or used a wheelchair or crutches, then I couldn't work with groups of young children, or babies, or toddlers." One might ask, "How could I manage the group? How would I know what they say? How could I play games with them? How could I hold them? Will their parents trust me?" More and more questions come to mind.

I know these questions because I am disabled. I was not born disabled. I became disabled some years ago because of an incurable illness. I walk with crutches and use a wheelchair. I am a director of a day care center that cares for children six weeks through school age. So I know how directors, boards, and parents feel about disabled staff.

Many times people feel that they could not perform specific tasks or fill particular jobs if they were disabled, and they assume that any disabled person would not be able to do them. People forget that the "able-bodied" are only in that condition temporarily. At any time they may become disabled and will still want and need to function in the work world, hopefully in the same career they had prior to becoming disabled. In such a situation, one would hope that the employer would be willing to make reasonable accommodations for the disability, for example, a ramp to move a wheelchair up and down, wider doorways, and those aids necessary for workers with visual or hearing impairments.

In my own case, I am somewhat slower in my physical movements than my colleagues. I have developed a schedule to get to places that "reasonably accommodates" me and does not inconvenience anyone. I have trouble with my hands so that writing is difficult; therefore my board provided a small, inexpensive dictaphone. A regular desk is somewhat constricting for me, but a table does just fine.

Babies sit well on my lap in the wheelchair, and by moving my wheels back and forth, I am one of the best rockers in the center. On the playground, my crutches have turned me into one of the best kick-ball players of the preschool -- a feat I could not accomplish when I was "temporarily able-bodied." Children of all ages use my crutches to pull themselves up and down, to practice being disabled, and just to have fun.

Reasonable accommodations are being made both by myself and by the organization. And they can be made for every type of disability. Disabled people can work in classrooms and in offices. We feel that we learn much from you who are "temporarily able-bodied," and we know that you can learn much from us. We realize that staffs, boards, and parents need time to adjust. But the child care field can begin to develop "reasonable accommodations" to fit not only a variety of disabled persons but also a variety of positions needed to staff an "inclusive" child care program.

Gardner Murphy in the book Human Potentialities says:

> In every mind there are widening regions of creativity if once the spark has been allowed to generate the fire.

We who are disabled have great creativity and are trying to generate the spark in our nondisabled colleagues. Our minds and our skills should not be set aside because we may do things in a different way.

Have a real model in your program. Hire us!

Jan Calderón Yocum is Executive Director of Rosemont Day Care Center (El Centro Rosemont), National Institute for Hispanic Children and Families in Washington, D. C. She is the former Director of the Day Care Council of America and the single parent of five children.

A PARENT'S VIEW OF MAINSTREAMING

Elizabeth M. Demarest

Mainstreaming, that is placing a disabled child in a regular school program, is a fairly recent occurrence in our country. Like anything new and untried, it may create anxiety for people such as parents, doctors, teachers, and social service providers involved in making the decision whether or not to mainstream a child.

While I believe that educators and parents of children with disabilities share a common concern for the well being of the child, they may disagree on what is the best way to achieve this, since each one views the situation from her or his individual perspective. For example, when my daughter, a congenital quadramputee, had completed kindergarten in our local public school, the principal suggested that instead of going into the regular first grade, which was very cognitively oriented and stressed formal reading skills, she should go into a transitional program until she gained a bit more maturity. He based this advice on his own experience; he had been pushed to excel as a child and felt it had been harmful to his development.

As the mother of a disabled child who had been involved in mainstreaming since the beginning, I perceived that he was holding A back because of her disability and that she was capable of doing first grade work. I opposed his decision. Subsequently, through trial and error and further communication, we worked it out, and A did enter the transitional group after spending a few weeks in the regular first grade, for which she was not quite ready.

Let's go back a bit to A's experience in Head Start. In the fall of 1977, A entered a Head Start program in our upstate New York community. I had conveyed to everyone involved in A's case since birth that to mainstream her into regular programs was my goal. She was (and is) an outgoing,

bright, and extremely competent person who could hold her own in any group. I never felt that doctors and other people involved in A's case looked at her only in terms of his disability. She was pretty and full of personality, and everyone seemed to respond to these qualities in her and wanted her to accomplish as much as possible. I found, therefore, no opposition to my point of view about mainstreaming. The rehabilitation program in New York City, which prepared A's prostheses and trained her in the use of them, made the initial inquiries to help me find a Head Start program in our home locale.

The staff of the Head Start center had a meeting to prepare for the fall term. They were positive about having A and another child who was blind join the program. They decided, however, that A should start school one week late so that the rest of the children could be prepared for her entrance. As it turned out the real reason for the decision was that the classroom teacher was uncertain about how she would handle the physical aspects of A's disability and about how the other children and parents would react. She felt she could handle it better after the other children were adjusted.

When I was informed of this plan, I strongly disagreed. I knew that if A didn't start school with all the others, she would always be seen in terms of her disability and not just as one of the kids who happened to have a physical handicap. I also knew that since she had been involved in therapy, training, and group experiences, she was at lease as ready as any new Head Start child to adjust to a school situation.

I met with the staff members, school administrators, and the community mental health people who worked with the program. I was very straightforward and urged others to speak up. Some people voiced their concerns

and others remained silent. I really understood the fears and concerns and considered them completely natural for people faced with a strange new situation. But I pressed my point of view because I was sure that once A's teacher saw her in action, she would relax and everyone else would settle in. Besides, I was convinced that this approach was best for my child.

We reached a compromise. A would start school with all the other children, but I would have to accompany her to the center for the first two weeks of the program to be of assistance if any problems or questions came up. It was also arranged that a specialist from the Institute of Rehabilitation Medicine in New York City would be available to help A adjust to her new surroundings.

Frankly, on a personal level I felt a bit impatient and annoyed about all the special arrangements required of me. I was taking a full college program and had to arrnage to have someone audit my classes while I took two weeks off. I felt I never quite made up the lag that semester. Also, I had a baby at home and another child to care for, so the personal pressures were enormous. But, on another level, I understood that other adults could not know A's capabilities as I did and that, if I wanted her to enter Head Start as any other child, I would have to make the sacrifice. Head Start was going to meet the needs of my child for a good preschool experience, and I had to do my part. As it turned out, I did not spend those two weeks in the classroom (I was not needed by A, the other children, or the teacher). Instead, I became involved in the policy council, the lunch program, and other administrative parts of the program, and I remained a very involved parent throughout A's two years in the program.

In retrospect, the controversy about how and when A should enter the program turned out to have had a very positive effect. Once A's teacher

was able to express her real concerns, the program arranged for staff training to deal with these issues, and we all benefited from that. In many ways, A's and my experiences in Head Start were forerunners, and other parents and children have had an easier time because of the training and technical assistance that became available.

How did it finally work out once A started school? As I expected, she made friends with the other children very quickly. The children were not afraid of A but they were, as should be expected, very curious. Their questions were encouraged, and answers were kept simple. Different people had different approaches. One person brought in tongs and let the children experiment with them to better understand how A's hand prostheses worked. When asked why A had no arms or legs, one parent answered simply, "because God made her that way." The biggest problem encountered was trying to keep the children from doing everything for A. One little boy went home upset because he could not be like her! The children accepted A as just another kid. They were able to see beyond the handicap to act as naturally toward her as they would toward any of their peers.

The parents of the other children reacted in a positive way to the involvement of their children with A. Whatever anxieties they may have had were never spoken to me. The parents that I came to know were friendly and supportive. By sharing our experiences we helped each other become comfortable with the situation.

I believe the staff were able to relieve their anxieties very quickly as things progressed without any major crises. The problems envisioned were not nearly as difficult to solve as they had first appeared. A relationship developed between myself and the staff as A continued in Head Start for two years before being mainstreamed into our local public school

system. I benefited greatly from my association with Head Start, and I believe that because of A and me the staff became more comfortable with the idea of mainstreaming.

It is not my intention to give the impression that mainstreaming is an easy task. Above all, it requires a great deal of openness from all involved. Since we are all individuals from different backgrounds, we do not always react to things or perceive them in the same way. This can lead to misunderstanding between people who really share the same goal -- to help the child become as independent as is possible. Though there were difficulties, I believe that the results were worth the effort.

Elizabeth Demarest is a mother of three. She is a college student majoring in communications and has a part-time job.

A TEACHER'S VIEW OF MAINSTREAMING

Susan Vuolo

The 1977-78 Head Start year was in many ways a year of firsts for me. It was my first year at Head Start. It was my first full-time teaching position since graduation from college the previous May. It was my first experience with mainstreaming, although not my first experience with children or adults with handicapping conditions. (I babysat for a child who was disabled, and I had a grandmother who was blind and an uncle who was an amputee, so I was fairly comfortable about being with disabled people.) I had begun that first year at Head Start with energy, enthusiasm, questions, and "September fears."

We, the staff of eight, had been informed that two children with severe disabilities had been enrolled to start in September. One child, F, a blind three-year-old, was assigned to my classroom. The other child, A, a congenital quadramputee, was assigned to the second classroom. I began to plan and make changes -- to adapt play materials and the classroom environment to involve F in daily activities. For example, I gave him the first cubby in the row and put a sandpaper symbol on all his things so he could feel them. F had had no mobility training before coming to Head Start, so I tried to arrange the room for his maximum independence. In addition to sandpaper, I used fabrics of different textures to help him identify tables, chairs, shelves, and other things around the room.

I met F and his parents, just as I did all the children, on home visits early in September. He was a typical three-year-old in that Head Start was his first major experience outside the home. He had been recruited for the program through regular Head Start outreach such as posters and

announcements, rather than being specially referred through a social service agency. As I remember, F had the usual separation problems of a typical three-year-old, but his adjustment to school took a bit longer than average because of his disability.

As always, September was a busy month at our center. The staff were involved with inservice training, home visits, and classroom planning. As the starting date for children approached, questions and fears began surfacing. How would the children react to A, to her disability? How would we, the staff, cope with her prostheses? What were her limitations? Should she start later in the month than the other children?

We did decide to have A start a week later in order to prepare the other children. The program also hired an aide to the handicapped to assist F and A in daily functioning. In retrospect, it seems strange now that we made all these special arrangements for A who really was much more ready for school than F. A had been in other group situations and had spent a period of time in New York City at the Institute for Rehabilitation Medicine where she was separated from her family. She was a naturally outgoing child who enjoyed being with people whereas F had been quite sheltered at home during his first three years. I think the staff anxiety revolved around A's prostheses and how to handle them. Also, we were undertain about how to handle children's and parents' reactions to her disability.

All systems were set to go when we ran into our first roadblock. A's mother rejected our plan immediately -- A had always been around other children and was not to be isolated or treated any differently. All children needed time to adjust, and A would adjust with the other children.

We then all sat down together, A's mother, our staff, a psychologist, a social worker, and the Cluster Coordinator of Services to the Handicapped (who coordinated services to the handicapped in a five-county area of Head Start programs). Each person brought a variety of personal concerns and experiences -- some positive, some negative, but nevertheless valid. All of these were brought out into the open; the air was cleared, largely because A's mother was willing to be frank about her feelings and urged us to speak up. Because of her experience in dealing with a disabled child, she had a better awareness of how best to meet A's needs. None of us realized that bringing A into the program after the other children would serve only to focus on her disability and would have been a mistake.

The meeting resulted in a new plan. A would start with the other children, and her mother would be in the center every day for two weeks to answer any questions and help with the prostheses. Looking back on this meeting now, I'm sure some attitudes and feelings were strengthened and some were changed. Some people may have accepted the decision but not the reasoning. No one conveyed this directly, but through offhand remarks in the first months of the term, it was clear that not everyone on the staff was in agreement.

Having overcome the first obstacle, we plunged into activities of the year. Shortly after the year began, we were involved in an in-depth validation. (Regional Head Start onside evaluations of program plans and operations were done periodically to validate continued funding. This is no longer required.) This was followed by several NYU filmings of F and A in a mainstreaming setting. The films have been completed by New York University, Office of Community Service Programs, Resource Access Project, as a direct result of the in-depth validation.

The staff received ongoing training in dealing with handicapping conditions, both specific and general. The Cluster Coordinator continued to seek out answers to our questions and support our efforts. We met directly with therapists treating both F and A to plan classroom activities and evaluate progress. The ongoing staff development helped all of us to become more knowledgeable and, thus, more comfortable about working with disabled children.

I'm not sure I could pinpoint when or where the "September fears" went, but they never really surfaced again. Our concern for the other children's reactions seemed unfounded. That is not to say that the other children did not react. They reacted just as all children react, treating F and A as they would any other children. The children asked questions of adults and of F and A. They touched, they offered help and were sometimes turned down, they took advantage of F and A and were taken advantage of themselves. The children didn't flinch. It was a year of growing in many ways for the children, the parents, and the staff.

F and A were involved in Head Start for two years. The second year was also a year of growth, a year of physical growth. F learned to ride a tricycle. A learned to walk with prostheses with knee joints. The Head Start center moved to a new location with a third classroom, a home base program, and five new staff people. Attitudes seemed open and accepting for all children with disabilities. In part, our attitude toward children with disabilities -- that they should be encouraged to do all they can -- stems from the basic Head Start premise that all children should participate in all aspects of the program. In our program, we make a real effort to encourage girls and boys to experience all parts of the curriculum, and we have the same goal for the disabled children. It's really an

integral part of our philosophy.

When I was first asked to write this piece, I began to think about that September of 1977 -- not an easy task, for those first September fears had long since faded. I have grown along with F and A and several other children with disabilities since then. If I flinch now, it's with one eye open. By that I mean that if I back off, it's only for a brief moment -- then I plunge ahead and try to solve the problem. Experience in working with disabled children and their families makes all the difference. The strangeness really comes from fear of the unknown.

If someone were to ask how to mainstream with success, I would say communicate. Communicate with the child, the parents, the professionals, and other staff members. Sometimes it's really difficult to do this. If one person won't communicate, another will, and you just have to keep trying to find an opening. If you as a teacher can't reach a parent, try going through the director, the psychologist, or any other person who can create a rapport. There's always someone who can. Draw on other people's experiences. Gather as much information as possible from people and literature. Open up to your feelings, ask questions, seek out answers, take the first step.

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THE DISABLED PERSON AS A COUNSELOR AND ROLE MODEL

Ellen Rubin

When I was in my early teens, I began having serious problems with my vision. By the time I was a senior in high school, I was totally blind. That year I first met a rehabilitation counselor. He also was the first person I had ever met who was blind.

For me, it was a very important meeting. I was quite unprepared to be blind, and I was afraid of what it meant, both in terms of having to cope with my own blindness and of what I knew about other people who were blind. The only blind people I had ever seen were beggars, so my image of someone who was blind was not very positive. Meeting my counselor made me realize that people who are blind can be professionals. In other words, they are people just like anybody else. That was the biggest lesson I had to learn.

During the time I was losing my vision, I felt that I was losing part of myself. When I understood with my counselor's help that I was the same person, but now I couldn't see, it really let me move on. The fact that my counselor also was blind made it easier for me to talk to him about my fears and doubts concerning my blindness. He couldn't change the situation, but he certainly understood my concerns since he had been there himself.

Subsequently in the course of pursuing my career -- first as a rehabilitation counselor and then as an early childhood teacher in special education -- I found myself being a role model. I became a model for children and adults who were blind, as well as for sighted people, i.e., peers, parents, and teachers. What I would like to focus on in this

article are experiences I have had as a teacher, a counselor, and a role model for children, both blind and sighted.

I was working as a consultant in a day care program where one of the children was visually impaired. This child wore thick glasses and held materials very close to her eyes to be able to see them. I worked with this particular child in a group, but I also had contact with many other children in this classroom. At one point one of the children commented to me, "You can see better than Nancy, because she has to bring things to her eyes and you don't." This incident made me aware of the lack of understanding on the part of the children about the differences between being partially sighted and totally blind. Although Nancy had been in the classroom for several months, the children had very little knowledge about her visual difficulties. To help them understand I discussed my own blindness with the children. By citing my own experiences with gradual blindness, I was able to explain the varying degrees of visual impairment. This was very helpful for Nancy, but I felt it was important for the rest of the children as well, especially for the little girl who made the comment about me being able to see better.

Soon I began working with a group of five- and six-year-olds in a "regular school." The teacher and I decided that we should talk about my blindness the first day that I was in the classroom. I brought in some of my equipment -- my cane and my Brailler -- explained how they worked, and let the children handle and explore them. We told the children that they could ask me any questions they wanted at any time. But we also agreed that, after an introductory period, my blindness should not be the focus of attention. It was important that the children relate to me as one of the teachers in the classroom.

My second day in the classroom I sat down at a table with some children. One of them sitting near me was having a problem in reading. He looked up at me hesitantly and said, "I have a problem. I know you're a teacher, and I know you are blind." What he was really saying to me was, "How can you help me solve my problem? I know you're blind, and I know you're a teacher, but it's not clear to me how we can work that out." We did manage to work it out quite satisfactorily.

Later on, the same child was asked by another adult if he ever helped me. His response was terrific. He said, "Sure, I help Ellen up the stairs sometimes, but she doesn't really need my help. We just walk in together." Although he knew that he was helping me when we walked up the stairs together, he also knew that it was something I could do totally independently.

I think that the area in which I function most clearly as a role model is working with young children who are blind. For example, I spent about one and one-half years working with a child who was bright, totally blind, and extremely troubled. He was enrolled in two programs. One was for visually impaired children, and the other was a program in which he was mainstreamed. He was an unhappy and angry child who was having a difficult time dealing with the problems that his blindness was creating. For example, when he'd ride a bicycle and bump into something, he would become very frustrated and angry.

During the course of my work with this child, it became clear through statements such as, "When I grow up, I'll be able to see," that he didn't have any understanding of his blindness. Since he didn't have any blind adult role model, he had adopted the stereotypic ideas concerning the nondisabled people around him. When I began working with him on an individual basis, I felt that it was important to focus on my own blindness,

since his blindness was still much too delicate an area to approach. I talked about the kinds of things that I did to compensate for my blindness: I used a long cane to walk, I read Braille books, and so forth. These discussions made him aware that I, too, was blind, and they taught him about the kind of tools that I used to help me function. During the course of our sessions he asked me a question about blindness, which I realized meant that he was making great progress. He said, "Ellen, if you're all grown up now, how can you still be blind?"

As we continued to work, I became aware that the child had become very preoccupied with the idea of death. Week after week he asked me questions about death, about dying, and about funerals. Our discussions were quite serious. It took some time, however, before our discussions turned to the connections between death and blindness. At one point it became clear that he was afraid that because he was blind, he might die. To overcome this fear, we talked about parts of our bodies, those parts that we can and can't live without. We had several in-depth discussions about the fact that, while it is difficult to live without a particular part or function of your body, it is still possible to live. After these discussions, he was very relieved. At follow-up meetings, the subject of death never again came up. He did mention it a few times during the course of the year, but never with such intensity as during that time when he was trying to sort out, "How connected is blindness with death?"

There were other indications that this child was beginning to accept and cope with his blindness. One day his mother reported to me that he had arrived home from school, bumped into something, and told her, "Mom, I need to have a long cane just like Ellen."

It's important for a disabled child to see a disabled adult already

functioning successfully in areas that the child is still trying to master. Many teenagers who are blind are rebellious and don't want to begin to use a long cane because they're self conscious. If, however, as young children they had had a role model of a blind adult working with a cane, walking with a cane, and using it successfully, perhaps the attitudes of those teenagers would be much different. During the early years it's crucial for disabled children to develop competence in all kinds of skills. All too often they're not pushed to develop their highest potential. Since teachers and other adults are not sure what a disabled child's highest potential is, they tend to underestimate it.

My counseling work has also extended to parents. Many parents have said to me that, until they met a blind adult, they really weren't sure what the future held for their child. They weren't sure that they had the strength to cope with all of the things that they had to face. But, knowing just one blind person who "made it" helped family members begin to feel positive about their blind child and about her or his capabilities. I think this is a crucial experience for parents. If a parent of a disabled child can meet disabled adults, she or he can hope. Such role models provide parents with enough evidence to enable them to encourage their children to strive for the very best that she or he can do.

Parents are sometimes at a loss to know what to do with their child who is blind. I met a father who asked me if he could play a game with his daughter. He actually asked if it would be all right to take her to a baseball game! He didn't know how meaningful these experiences could be for this child, or any child, disabled or nondisabled.

Once I worked in a summer program for blind retarded adults. Our building was shared with a group of young children in day care. It was

my job to act as liaison between the two groups and to help the children gain some understanding of these retarded adults. During the course of our discussions, the day care children asked me if I too was retarded, because they knew that I was also blind. It was important to explain to them that people can have multiple disabilities and that there are disabilities that affect different people in different ways.

One of the nicest things that happened in that program came toward the end of the summer. The children asked me if they could go down and visit the classroom of the retarded adults. We went downstairs with four children. One of the men was working on a sewing card with big holes, a thick lace, and a plastic needle. He showed one of the little girls his work, and she said, "Oh, I can do that." Then she showed him how she did it. It was such a lovely exchange, and the children felt totally comfortable.

During that summer program another interesting incident occurred. I decided that the children needed to understand what I could do other things besides talk about blindness, so I began to teach some of the children to weave. One of the older girls became quite proficient and took the weaving home to show her mother. The next day she came back to shcool and said, "My mother didn't believe that a blind woman had done this." I can only hope that when the child becomes a mother, and her child comes home and says, "A disabled person taught me how to do something," she'll react differently.

Through counseling I have helped to smooth the way for children who are going to be mainstreamed. That work has not only meant being in close contact with the children who are involved, but also helping teachers understand disabilities and how to present them to the nondisabled

children. Sometimes this has entailed my talking to the children about blindness, using myself as a model. This technique was particularly successful in the case of a young child who moved into a new community where she was the only blind student in the school. She was very apprehensive about her relationships with her peers. At first she lacked the confidence to talk to other children on her own, but she felt very comfortable with the idea of me talking about the blindness for her.

One final word -- children can be very accepting of differences when they are presented in a positive way. For example, my neighbor's three-year-old quickly adopted the expression, "look, touch," when I told him if he wanted me to get something for him, he would have to put my hand on it. It is experiences like this that convince me that young children should be exposed as early as possible to all different kinds of people.

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CREATING INCLUSIVE, NON-STEREOTYPING ENVIRONMENTS FOR CHILDREN: THE CHILD WITH A DISABILITY

Mary Ann Lang

Within the last fifteen years, parents and child care workers have become increasingly aware of the many ways in which girls and boys are socialized differently. This differential socialization begins at birth and leads to differences in the behavior of girls and boys even at the preschool level. The orientation that children develop will influence their choice of toys and activities, the way they interact with others, the way they will see themselves for the rest of their lives, the goals they will set for themselves, and the ways they will pursue these goals.

Although it is still possible to go into an early childhood classroom and find some materials (trucks, heavy work clothes, tools) that are set aside for boys and activities (playing house, sewing) that are encouraged for girls only, there are few individuals who are unaware of the socialization cues and who would deny their influence on the development of children. The limits of sex-stereotyping environments, materials, activities, and behaviors are receiving attention.

Another type of stereotyping, however, is still going unnoticed in many homes, day care settings, schools, and in society in general. This stereotyping is directed toward children with impairments.

There are a number of interesting parallels between impairment-stereotyping and sex-stereotyping. In 1981, Melanie Booth-Butterfield described a number of situations in which unintentional gender socialization cues are transmitted in day care facilities. She stated that these were cues that we don't question, "not glaring errors such as might be seen in a television program but habits of communication which we might not

question and which may have a negative effect."[1] Using these as a framework for looking at behavior involving children with impairments seems to reveal a pattern in which both girls and boys with impairments are "feminized" in the most traditional and negative fashion.

INDEPENDENCE TRAINING

If a three-year-old boy and girl are each getting ready to go out to play and are attempting to put on jackets, the girl is more likely to receive help. If both receive help, the girl will probably have her jacket put on for her, the boy will be shown a technique for putting it on by himself. If the same situation arises and one child is disabled, it is the disabled child who will have the jacket put on whether a girl or boy. This is the beginning of the syndrome of "learned helplessness." It is a typically "feminine" trait that will be harmful in the long run.[2]

In our own day care center for visually-impaired children, we have had six-year-old children who did not feed themselves. At mealtimes, the mother of one of these children was observed breaking up food into tiny bits that did not even require chewing and placing these bits into her child's mouth. When asked whether she did this for all of her children at the age of six, she replied, "Of course not, but she's blind." Just as the little girl who has things done for her is deprived of the opportunity to develop skills and confidence, so is the child who has a disability handicapped by too much help or indiscriminate help. When a child's milk is poured for her or him today, an immediate need is satisfied. Then children are taught to pour their own milk, they are able to satisfy their own needs today and in the future.

PLAY OBJECTS

"Toys lead to fantasy worlds for children, as well as practice for real life. In fantasies, they try on life styles and think about what they would like to be doing if they only could.[3] For many women, fantasies and opportunities to try out a broad range of life styles and careers were restrained by the toys made available to them as children. In the block corner, if she was able to play there at all, the message communicated by the community-helper dolls was clear. The doctor was always a man, the nurse a woman. The mailcarrier and the police officer were men, the teacher and librarian were women.

The block corner, where elaborate structures were built, was where the boys congregated. This area plays a crucial role in developing math and spacial-analytic skills in the preschool setting -- skills that are so important in later years when career choices are made. The housekeeping corner was the focal point for the girls. The books told of fathers who went out of their homes to work and of mothers who stayed home and "did not work." The message was communicated over and over again -- this is the limit of what each of you can hope to be.

We have changed a great deal, and some of us would be upset to find a situation that was so blatantly sex stereotyped. However, a closer look might reveal that the basic scene is still the same, but the actors have changed. The block corner and the housekeeping corner are now placed for girls and boys. The doctor doll may be a woman, the teacher, a man. Some of the books show fathers cooking and caring for children, as well as mothers at construction sites. The child whose fantasies and options are restricted now is the child with a disability.

For many years the children in our center for visually impaired children have been encouraged to enroll in mainstreamed day care centers and nursery schools so they could be exposed to a wider range of peers. The children from our center who were chosen for this type of integrated experience were confident children who were capable of doing many things for themselves and had shown themselves to be highly skilled in social situations.

It was, therefore, very distressing to us when we visited a mainstreaming site a few weeks after several children entered the program and found two of our children being wheeled around in a toy doll carriage for much of the day and being treated like animated dolls. If they also had the opportunity to do some of the carriage pushing, they would have been able to project themselves into the future as care givers as well as receivers.

Both the children and the staff at the center, however, were surprised that we found this situation upsetting, because they viewed the behavior as a sign of affection for the visually-impaired children. They felt that the children without disabilities really liked the new children and wanted to "take care of them." The message that was communicated was, however, the same one that little girls have heard for many years -- this is the limit of what you can hope to be.

ROLE MODELS

Young children are very literal and need concrete experiences to help them understand the world around them. They do not have an adult's broad frame of reference that allows them to abstract and infer information. If they don't see any role models of adults with disabilities, they think that there are no adults with disabilities. If they don't see role

models of children with disabilities, the disabled child will think she or he is the only person who looks like that. Likewise, the nondisabled child will think that her or his schoolmate is the only person with that disability. In most areas of the preschool curriculum, great care is taken to accurately reflect the real world by providing role models and experiential activities for the children.

As yet this does not extend to the are of disability. Where are the dolls with braces and glasses? Where are the books showing mothers in wheelchairs and fathers who use sign language? Where are the actual role models with disabilities? Where are the opportunities to face the reality that the disability will still be there when the child grows up? Where are the situations that allow the child to explore ways of living as an adult with a disability?

REWARDS AND REINFORCEMENT

It is the rare woman who cannot remember a scene from her childhood when her attempt to conquer the world by climbing a tree was met by an adult's disapproval, or, at least, a look of surprise or fear. Although some men may also remember being reprimanded for taking risks, the general pattern that was prevalent involved the discouragement of risk-taking for girls and its encouragement for boys. The standards for praise are still different in many areas. In Carol Dweck's 1978 study, for example, girls were shown more likely to be rewarded for the appearance of their work rather than its quality. Dweck also found that in the area of negative feedback, only 54.4 percent of the evaluation of boys was aimed at intellectual inadequacy or appropriateness, while for girls, it was 88.9 percent.

Clearly, girls are rewarded for complying with rules and being orderly, but not necessarily for their creativity or intellectual ability.[4]

In the area of independence, risk-taking, creativity, and responsibility, the standards are also different for a child with an impairment. For example, during the period when the material for this article was being assembled, a television news crew was filming a number of the visually-impaired children at our center. During one filming session, I watched a totally blind child bang on the wall, talk when the interviewer was trying to speak, turn his back on the situation, kick the supplies, and, in general, make the situation very uncomfortable for the interviewer and the other children. What amazed me as I watched was that similar behavior from a child who could see was immediately interrupted or re-directed, but when the child who was blind violated the rules of this social situation, everyone acted as if nothing was happening. The underlying assumption was, "He can't help it, he's disabled." The message became, "He is less capable than others."

On another occasion, I watched as a group of children who were waiting patiently in a line at a cafeteria counter allowed a visually-impaired child to push ahead of them to be served. In both of these cases, the child with the impairment was deprived of the opportunity to participate as an equal because no one helped that child to learn the rules of the game. No one helped her or him to see that such behavior led to certain consequences and that one is responsible for her or his actions.

All children, girls and boys, those with disabilities and those without, need to be encouraged to take initiative and responsibility for themselves. They need opportunities to be included in the mainstream and to project themselves into a future that includes a wide range of possibilities. We

have become aware of many of the obvious barriers such as exclusionary employment policies that have prevented women from participating fully in our society; and we are gradually becoming aware of the more subtle barriers inherent in our language and social conventions. We are aware that the lack of a ramp to enter a building or the lack of Braille labels in an elevator can make independent access to services and programs inpossible for an individual with a disability. What we must direct our attention to now are the "cues that we don't question,"[5] the cues that say, "You are not able."

Notes

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5. Ibid.

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RESEARCH NEEDS FOR THE DESIGN OF INCLUSIVE EARLY CHILDHOOD PROGRAMS

Patricia Gillespie-Silver

Increasingly, early childhood educators are examining the effects of our biases regarding sex, race, and disability on our interactions with young children -- a difficult but necessary task if we are to design environments that facilitate the growth of every child in our care. While the responsibility for this examination rests with each of us, it is crucial that those engaged in early childhood research ask questions concerning the behaviors within the school and community that may be indoctrinating our children with biases or may be excluding some children from equal access to an education. Furthermore, researchers must alter their traditional techniques for seeking answers. That is, they must leave their clinics and laboratories and move into natural settings to more accurately describe interactions within environments. Moreover, they must examine their own assumptions and biases concerning American society.

To investigate early childhood settings (day care, Head Start, early childhood intervention programs, nurseries, and the like), researchers need to examine behaviors within environments and environmental artifacts, e.g., books, furniture, records, toys, posters, games. From my own research and experiences in early childhood education, I present here a number of questions and concerns related to issues of sex, race, and disability. Fragments of the answers exist in research conducted by educators, linguists, sociologists, anthropologists, and psychologists. By continually identifying research needs, we may be able to integrate the findings from many disciplines and sharpen our ability to ask appropriate questions.

INTERACTIONS WITHIN SETTINGS

Many researchers have conducted investigations to determine teachers' perceptions, attitudes, and behaviors toward children with special needs, toward traditional and changing sex roles, and toward children from culturally diverse backgrounds. The results of this research indicate that teachers do vary in their perceptions toward children according to sex, disability, and cultural background. Also, researchers report that actual observations of teachers' behaviors are better indicators of attitudes than asking teachers how they feel about certain children.

Many transactions should be observed and described before researchers will be able to determine the effects of biases in early childhood programs. Some of these transactions are discussed briefly.

CLASSROOM MANAGEMENT

Researchers need to describe teachers' use of behavior management strategies with their students regarding sex, race, and disability. For example, do boys receive behavior management strategies different from girls, and if so, what is the nature of these differences? Some research does indicate that boys receive a different type of "discipline" than girls. Also, do children from diverse cultural backgrounds receive different behavior management strategies? If so, how and why are they different? Are children with disabilities treated differently from their nondisabled peers regarding discipline and general behavior management?

COMMUNICATION

The quantity and quality of teachers' verbal and nonverbal communications with children and their parents may differ according to the child's

sex, special needs, or cultural background. Linguists stress that we must use a transactional approach to language analysis, i.e., we must analyze the caregivers' communicative initiations and responses as well as the children's language developemnt. We must, therefore, determine if teachers' communication styles affect children's cognitive, linguistic, and social-emotional development and whether there are indeed differences in communication based on the child's sex, disability, or race. Also, we need to determine how well teachers understand the nonverbal communications of children from culturally diverse backgrounds.

TEACHING STRATEGIES AND LEARNING STYLES

One of the major problems in the area of early childhood education, especially special education, is a lack of clarity concerning effective teaching strategies to match children's learning or cognitive styles. Furthermore, a great deal of controversy surrounds the definition and identification of learning or cognitive styles. Assessment techniques and subsequent programming for children with special needs are not yet well designed by the research community.

The same thing car be said for children who come from families whose native language is not English. Again, answers to these concerns will not be found if research is conducted in clinical settings or if researchers engage only in adult-directed research, i.e., orchestrating the testing situation or the learning environment for the child. It is probable that past research in these areas illustrates the responses to adult-directed tasks and situations rather than describes what is relevant to the child in her or his learning environment. This research should be re-examined since it has resulted in stereotyping children rather than determining how they learn about their environments.

Researchers must begin to observe the results of teaching approaches on each child's behavior rather than examining group gains. Also, we must determine what conditions or circumstances allow children to take risks, attempt to confirm these risks, and integrate the findings with other information. We must determine what approaches encourage children to investigate their environment without fear of failure and what approaches discourage children from taking risks or using alternative problem-solving approaches.

EVALUATION OF MATERIALS AND ARTIFACTS

Pablo Neruda, the Chilean poet and activist, notes that we can be judged by our possessions as readily as by our actions. In the context of early childhood education, curricular materials, toys, games, books posters, music, and classroom environments should be examined to determine implicit and explicit cultural biases. How successfully are we beginning to use an "inclusive approach" in educational environments? For example, do most of classroom materials reflect the white middle-class? Do they present sex-role stereotypes? Do they exclude or misrepresent individuals with special needs? Are they biased toward those from culturally diverse backgrounds?

CHILDREN'S PERCEPTIONS

An emerging area of early childhood research is determining children's perceptions of others, i.e., children with special needs and children from different races and cultures. Research is trying to determine the ages and/or stages in which children switch their perceptions from the

concrete, i.e., describing the individual's skin according to actual color, to the social, i.e., describing an individual's skin as white. This is an important area of research because results can be used to determine at what point adults' attitudes toward sex roles, children with special needs, and diverse cultural groups affect the child's perceptions and at what point adults can effectively intervene to change children's emerging assumptions.

THE COMMUNITY

Early childhood educators cannot operate as if the community does not affect the child's perceptions and behaviors, or as if the family's culture, religion, or neighborhood do not affect the preschool programs their children attend. We must determine the parents' perceptions of us vis a vis the community. For example, do some parents view the school as the "salvation" for their children or as the "authority" in their children's education? Or do they place more value in the opinions of their spiritual leaders or members of their families? In other words, what role do we play within the community in the development of children? How do parents view our ability to communicate with them, to instruct their children, and to work within the community?

In summary, as we become more aware of our own cultural backgrounds, of our hidden biases about individuals who are labeled as disabled, culturally different, or as nontraditional, we are more aware of the effects of our assumptions on the young children with whom we interact. Researchers have begun to examine behavior management and teaching strategies, the behaviors and perceptions of children in the educational environment, and parents' perceptions toward our services. From these

results, early childhood educators have begun to design "inclusive" educational environments.

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THE TEACHER AS RESEARCHER: ELIMINATING BIASES FROM CLASSROOM MATERIALS

Nancy Gropper

The importance of eliminating sex-role and cultural biases from educational materials has been frequently expressed. While attempts have been made to create nonsexist, multicultural materials, most early childhood classrooms continue to be equipped in fairly traditional ways. Recently the need for eliminating another kind of bias has been identified. Few classrooms contain materials that depict people with disabilities.[1] This ommission renders a significant portion of the population invisible. Even when the disabled are portrayed, they are often cast in negative roles.[2] It need not be argued that biases and stereotypes about the disabled should be eliminated along with those regarding sex and culture.

However, the acquisition of new classroom materials that are nonsexist, multucultural, or inclusive of the disabled does not guarantee that all biases and stereotypes will be eradicated. There will still be some old materials that contain outmoded or stereotyped images of people. In addition, materials selected specifically for their handling of sex role, culture, or disability will not necessarily deal simultaneously with all three concerns.

For example, in a recent review of thirty-one books for young children, each of which focused on a major character with a disability, it was found that only four included major characters from minority groups. Another bias, perhaps unintended, crept in because only two books contained any pictures of adults with disabilities.[3] This may imply to young readers that disabled children outgrow their disabilities or, worse, do not grow up at all.

How can teachers eliminate biases and stereotypes from classroom materials and avoid the pitfall of creating new ones in the process? One way is for teachers to assume the role of researchers and take an objective, systematic look at the materials in their own classrooms before making decisions about new acquisitions.

A tool that researchers frequently use is the checklist. Checklists can be designed for a variety of purposes and can answer a variety of questions. One checklist, aimed specifically at assessing classroom materials for their treatment of sex role, culture, and disability, is described in the following text.

Let us suppose that a teacher is working in a preschool program that was recently mainstreamed. The teacher wants to incorporate many images of people with disabilities into the classroom and sees this as a valuable addition to the curriculum for disabled and nondisabled children alike. The teacher might ask the following questions: Are the materials in my classroom equitable? That is, do they include images of disabled as well as nondisabled children and adults? Are there images of both disabled and nondisabled people that are nonsexist and multicultural? Are there any materials that I should discard?

The checklist in this article can help answer these questions. It will provide a count of the number of disabled and nondisabled people depicted in early childhood classroom materials such as books, puzzles, block accessories, display pictures, and the like. In addition, it will indicate the sex and age, sex role, and cultural background attributed to the images that are found.

The checklist can be used in the following manner. Wherever a material,

such as a block figure or a doll, embodies the image of only one person, a single line would be allotted to the analysis of that image, either in Section A or Section B, depending on whether the person is disabled or nondisabled. The attributes of: sex and age (girl, woman, boy, man), role (sex stereotypic or nonstereotypic), cultural background could then be checked off. While sex and age are usually easy to identify, sex role and cultural background are not always clear and may require some subjective judgments. Such judgments are valid if they are made on the basis of plausible and consistent criteria.

For example, sex stereotypic roles might be defined as those jobs or activities which, in the teacher's judgment, have been traditionally associated with one sex or the other even though they really can be assumed by both males and females, i.e, a male doctor, a female nurse, a boy playing softball, a girl sewing. Nonstereotypic roles could be defined as those that have been traditionally associated with one sex but are being attributed to the opposite sex in a particular material, i.e., a female mailcarrier, a male taking care of a baby, a girl playing with trucks, a boy cuddling a doll.

Cultural background can be noted by indicating whether the person depicted is white, black, Hispanic, Asian, Native American, or other.

There may be instances where an image is vague and one or more of these attributes is unclear or seems to have been rendered neutral deliberately. In such cases "unclear" or "neutral" can be written across the appropriate boxes.

Where a single material depicts more than one person, as is often the case with books and display pictures, the analysis can be handled in a few different ways. One possibility would be to restrict the analysis to the

central character in the book or display picture, if there is one. Alternatively, every person could be analyzed with a separate line in the checklist allotted to each. Another more time-consuming but more thorough method for analyzing books would be to use an individual checklist to analyze each book in the classroom and include every image of every person in the analysis.

If either the first or second approach is used to analyze a book, and only one line of the checklist is allotted to a particular person, a decision will have to be made about the sex-role message conveyed about that person and whether it is predominantly stereotypic or nonstereotypic. This can be complicated. Some pictures may show the person engaged in nonstereotypic activities, while others may be stereotypic or neutral. The decision about the predominant message can be made impressionistically, i.e., keeping a tally of the number of nonstereotypic vs. stereotypic activities attributed to each person and then checking the majority category in the checklist.

Once all the materials in the classroom have been systematically analyzed, it will be possible to answer questions about whether or not they are "equitable." The number of images of disabled vs. nondisabled people will be known. It will also be known how many of these are male and female, adult and child, sexist and nonsexist, and culturally limited and multicultural.

If the numbers of the checklist point to inequities, if the vast majority of materials depict people as white, nondisabled males and females cast in stereotypic roles, it is time to acquire some new materials. Including multicultural images of both disabled and nondisabled people engaged in nonsexist activities will provide children with the message

that people from a variety of backgrounds and with a variety of life experiences lead productive and interesting lives.

Teachers should be forewarned that it is difficult to find commercially manufactured materials that deal with all three concerns simultaneously. It may be necessary to seek out materials that are either nonsexist, multicultural, or inclusive of the disabled and then supplement these with teacher-made or teacher-found materials that deal with more than one of these concerns at the same time.

Admittedly, it is time-consuming to use a checklist to analyze all the materials on hand in the classroom. Worse, in today's economy there are limited funds available to purchase new materials even if deficiencies are found in the materials that are currently in use. And, of course, it is also hard for teachers to find the time to search for or make materials on their own.

Teachers, however, are urged to spend some time on these activities. Uncovering the hidden biases in the classroom and rectifying them will result in a learning environment that is truly nonsexist, multicultural. and inclusive of the disabled rather than one that pays minimal attention to these important social issues.

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Attributes Associated with Disabled and Nondisabled People Depicted in Classroom Materials

A. Images of Disabled People

Describe Material	Age/Sex				Sex Role		Cultural Background					
	Girl	Woman	Boy	Man	Stereotypic	Nonstereotypic	White	Black	Hispanic	Asian	Native Amer	Other
Total												

B. Images of Nondisabled People

Describe Material	Age/Sex				Sex Role		Cultural Background					
	Girl	Woman	Boy	Man	Stereotypic	Nonstereotypic	White	Black	Hispanic	Native Amer	Other	
Total												

SECTION THREE

ABOUT THE WORKSHOPS

ABOUT THE WORKSHOPS

The Workshops in this manual specifically address early childhood classroom materials and curriculum and the role parents play in creating environments for young children. Designed for use by trainers who do staff development in Head Start, day care, and other early childhood programs, the Workshops are also awareness sessions; each makes a strong case for advocacy on the part of participants. Trainers who work with programs for older children can adapt the sessions accordingly, as can volunteers, social workers, parents, and others who train about disability issues.

The Workshops are planned for approximately fifteen to thirty people. It is important that the total group remain small, since the discussion involves sensitive issues that are relatively new training topics. If you have a group larger than thirty to train, it would be better to schedule two separate sessions than to try to work with everyone at one time.

Each Workshop is designed so that participants spend time interacting within small groups. Since the sessions address issues that participants may be exploring for the first time, it is important to allow ample time for discussion after each small group activity.

Because a large part of each session will involve small groups working together, try to arrange to have several tables available (three to six, depending on group size). If this is not possible, it is better to have no tables, letting participants move their chairs into circles in various parts of the room. You will, however, need one table on which to arrange Workshop materials in order of use. If the training takes place in a room where no display materials can be put up on the walls, you may want to

arrange for floor easels that can hold large bulletin boards.

All the materials needed are listed at the beginning of each Workshop. Instructions for obtaining these materials and the reproducible task cards needed for the session appear immediately following the text. A reproducible evaluation questionnaire for each Workshop also is included in this section. You will need to add about five minutes at the end of each Workshop to allow participants time to complete this form. Introductory remarks and key points are pres nted as block quotes. They are meant to serve as a guide for the user to create her or his own presentation. Also, we have suggested some alternative approaches, depending on group size and time constraints. Again, these are meant as guides for the trainer to adapt the workshops to fit the needs of the group.

In short, make this guide your own -- add to it, delete from it, and adapt it so that it suits your training style and works effectively for those whom you train.

The important thing is to utilize this manual to help teachers, parents, and others create a "new mainstream," one that does not limit children's potentials due to sex, race, or disability.

SECTION FOUR

WARM-UPS

WARM-UPS

It is a good training idea to begin each workshop with a "warm-up" exercise. Warm-ups serve several functions. They set a tone of participation at the outset; they help people form small groups (they can also serve as a way to break up cliques); and they introduce the workshop topic in an interesting, nonthreatening.way.

Two different warm-ups have been developed for the workshops in this manual: Notable Women and Project R/EE/D. Notable Women is designed to spark awareness about how, in many cases, notable women with disabilities have had to keep their disability a secret. The exercise also helps participants to understand that disabled people are capable of a wide range of achievements. Project R/EE/D is actually a quick device for helping participants form small groups. Instead of the usual ABC or 123, the letters REED are broken up as follows: R/EE/D. As people form into three groups designated by an R, an EE, or a D a little mystery is created. As you explain why these letters were used to form the groups, you begin to raise participants' awareness.

The Notable Women warm-up is recommended for Equitable Early Childhood Classroom materials, Project R/EE/D for Building an "Inclusionary" Curriculum and Creating an "Inclusionary" Home Environment. They can, of course, be switched around if time or circumstances warrant. If you use Notable Women as a warm-up for the second workshop, you will probably want to eliminate the Discussion Stimulators activity. You may also want to create a similar warm-up of your own or adapt one that you have used before. Directions for Notable Women and Project R/EE/D follow.

NOTABLE WOMEN WARM-UP (20 minutes)

Choose as many names from the following list as the number of small groups you need to form. For example, if you are training 25 people and you want to form five small groups, choose five names from the list and prepare five cards for each name. A short biographical sketch of each woman appears at the end of this section.

Sarah Bernhardt	Judy Heumann	Mary Tyler Moore
Laura Bridgemen	Dorothy Lange	Kitty O'Neal
Sandy Duncan	Helen Keller	Wilma Rudolph
Nanette Fabray		Harriet Tubman

Each of these woman has or had a disability, and except for Hellen Keller, the disability is largely unknown to the public. As you choose names for the list, it is a good idea to include Helen Keller since she is familiar to everyone as a person with disabilities. However, always have the Helen Keller group report last or you will give the exercise away.

Ask the people to form groups according to the names on their cards. Ask each group to discuss all they know about the person for about five minutes. (Give a time warning after about three minutes are up.)

FEEDBACK (25 minutes)

Begin the feedback by choosing a person who is not generally known to be disabled, i.e., Wilma Rudolph. Ask the "Wilma Rudolph" group to tell the others about her. If they don't mention her disability, go on to another group. If none of the participants in a particular group knows anything about the person whose name they have received, you can ask people from other groups to volunteer information. If no one knows

anything about the woman, give a brief sentence about her yourself.

Provide information yourself only when and if no one else does. It is important for the group to discover for themselves that the common thread uniting these notable women is that they all have, or had, disabling conditions. When you get to the end, if no one has discovered the commonality, then refer back to the earlier reports and ask the whole group if anyone knows additional facts about these women. Try to have one of the participants identify the disabling condition. After all the groups have reported, sum up:

> What we've just done is a warm-up exercise. It's a way to get people into small groups -- and to introduce the topic of today's workshop. This particular warm-up also has raised our awareness about the achievements of disabled eomen.

Proceed with the first activity of the workshop.

PROJECT R/EE/D WARM-UP (5 minutes)

As participants enter the room, give each one a card with the letter(s) R or EE or D on it. Have them form small groups of five or six people by finding people with the same letter(s). If you have a group of more than 15-18 people, you can form additional groups by marking the letters R^1-R^2/EE^1 - EE^2/ D^1 - D^2.

When the groups are formed, begin the workshop by giving participants an explanation about why the letters REED were used instead of the usual A, B, C or 1, 2, 3 (see Building an Inclusionary Curriculum -- Warm-Up and Introduction). Proceed with the first activity.

BIOGRAPHICAL SKETCHES OF NOTABLE WOMEN

Sarah Bernhardt: A world-renowned actor in the late-nineteenth and early-twentieth century. After having one leg amputated, she used a wooden prosthesis and always wore long dresses to hide it from the public.

Laura Bridgeman: A nineteenth-century woman who was deaf, mute, and blind. She was the first such woman ever to be educated in a school (Perkins Institute for the Blind in Boston).

Sandy Duncan: Contemporary stage and television actor. She is widely known for her performance as Peter Pan on Broadway. A visual disability has resulted in her wearing a glass eye.

Nanette Fabray: A renowned actor and musical comedy star who is hearing-impaired.

Judy Heumann: A modern leader of the disability rights movement. She was the first person with a disability (polio) to be awarded a teaching credential in New York City. Judy Heumann was deputy director of the Center for Independent Living in Berkeley, California, and is currently the special assistant to the Director of Consumer Affairs within the Department of Vocational Rehabilitation of the State of California.

Dorothy Lange: A world-famous twentieth-century photographer who was mildly disabled by polio.

Helen Keller: World-renowned lecturer, author, and educator who was blind and deaf.

Mary Tyler Moore: A well-known contemporary actor who is a diabetic.

Kitty O'Neal: A famous race car driver and Hollywood stunt woman who is deaf.

Wilma G. Rudolph: A 1960 Olympic Gold Medal winner. A runner who had polio as a child, she won three medals for the 100, 200, and 400 meter races.

Harriet Tubman: A fugitive slave and conductor on the Underground Railroad which brought other slaves to freedom. She also promoted the establishment of schools for freed slaves, began a home for the aged, and participated in the movement for woman suffrage. She is reported to have had "fainting spells," and is now believed to have been an epileptic.

SECTION FIVE

THE WORKSHOPS

EQUITABLE EARLY CHILDHOOD CLASSROOM MATERIALS

This workshop helps participants analyze early childhood classroom materials from the perspective of educational equity. Are the materials nonsexist? Do they reflect the multiracial/ethnic makeup of society? Are they inclusive of images of children and adults with disabilities?

Awareness of these issues is achieved through a series of sequential, interactive small group tasks followed by whole group discussions. Participants first view traditional early childhood classroom materials -- block accessories, puzzles, pictures, and lotto games -- that make no attempt to be nonsexist, multiracial, or inclusive of the disabled. They next move on to review newer versions of the same materials, which have made an attempt to be nonsexist and multiracial, but for the most part are not inclusive of the disabled. Finally, participants are helped to become aware of the exclusion of the disabled in early childhood materials, and they discuss what can be done to bring about change. Throughout the workshop, key training points which have been written on paper strips, are mounted on the wall.

This workshop is most effective if the participants <u>discover for themselves</u> the stereotyping and exclusion that abounds in early childhood materials. The impact emerges from the sequence of tasks, so try not to make remarks that give the purpose of the workshop away. Choose a general title for the workshop and move into the warm-up exercise as soon as the participants have arrived. Some suggested titles are: "Looking Over Classroom Materials," "Let's Look at Classroom materials," "What Do We Have in Our Classrooms?", and "Analyzing Early Childhood Materials."

OBJECTIVES

1. Participants will analyze materials as reflections of societal attitudes and the effects of these attitudes on young children.
2. Participants will examine specific materials sequentially in terms of sexism, racism, and exclusion of images of the disabled.
3. Participants will become aware of the need to view all materials critically.
4. Participants will become aware that they can be advocates for change.

MATERIALS NEEDED

- o Task cards for warm-up exercise (see Section Four: Warm-ups)
- o Task cards
- o Traditional community worker and family block accessories
- o Contemporary community worker and family block accessories
- o Traditional wooden puzzles
- o Contemporary wooden puzzles
- o Traditional lotto games
- o Contemporary lotto games
- o Sexist picture books
- o Picture books about children with disabilities
- o Strips containing relevant training points suitable for mounting on a wall.
- o Evaluation questionnaire

Early childhood trainers will have access to many of the materials recommended for this workshop, since they can be found in most preschool programs. Feel free to substitute similar materials to those on the list.

Libraries are a good resource for the books. Parents, elementary school trainers, and others who wish to do the workshop can ask to borrow materials from local day care and/or preschools. Also sources for purchasing the recommended items follow the workshop text.

ANALYSIS OF TRADITIONAL MATERIALS (20-30 minutes)

Keep participants in the same groups formed during the warm-up exercise. Give each small group one type of material -- block accessories, puzzles, career pictures, or lotto games -- and a task card. Ask the group to choose a reporter/recorder for feedback. Allow about five minutes for discussion and allot the rest of the time to feedback. Warn the groups when time is almost up.

GROUP A TASK CARD

Block Accessories

These figures are used in early childhood centers in conjunction with block building. What reactions do you have to them?

Give out examples of worker and family sets.

GROUP B TASK CARD

Puzzles

These puzzles are used in early childhood centers around the country. What reactions do you have to them?

Hand out two or three typical examples.

GROUP C TASK CARD

Career Pictures

Pictures like these are used in many early childhood centers. What reactions do you have to them?

Give out one set or at least several pictures from one set of traditional career pictures.

GROUP D TASK CARD

Lotto Games

These lotto games are used in preschool centers around the country. What reactions do you have to them?

FEEDBACK

It is likely that participants will quickly recognize the blatant sexism and lack of integration in these traditional materials. If participants do not pick up key points, try to ask questions that will help them become aware of the stereotyping that characterizes these materials. For example, you might ask them to look at the ratio of male to female workers and point out the lack of racial integration in the sets. If no one notices that the uniforms on the workers are inaccurate, you might say: "Has anyone seen a lettercarrier lately who looks like this? Is it good early childhood education to present work

inaccurately?" Be sure to hold up all materials (or pass them around if the group is small) so all participants can relate to the discussion and add their ideas. Some key feedback points follow:

Community Workers/Block Accessories

- o High ratio of males to females -- 7:1 or 6:0 depending on set.
- o Occupations are stereotyped by sex roles -- only occupation for women is that of nurse.
- o Workers are not racially integrated -- separate sets available of white and black workers; no Asians, Hispanics, or other racial/ethnic groups depicted.
- o The artwork is out of date and unrealistic for today. People do not look real; everyone is the same size and shape; uniforms are inaccurate; clothing is stereotyped.

Family People/Block Accessories

- o Women always wear aprons; men wear business suits.
- o Boys are always bigger than girls.
- o Roles are completely sex-stereotyped.
- o Clothing styles are out of date.
- o Girl is dressed up as if for a party; boy is dressed for play.
- o No family variety, i.e., no single parent families are depicted.

Puzzles

- o Occupations stereotyped by sex role -- males predominate.
- o Artwork out of date.
- o Lack of racial integration.
- o Even animals are stereotyped by sex roles!

Career Pictures

- o Career roles are stereotyped by sex -- women are teachers, nurses, mothers, and librarians; men are everything else, but never fathers.
- o Photos show mostly white people; a few black people are included; no other racial groups are depicted.
- o Black features are not accurately drawn -- they are often white faces "colored in."
- o Few early childhood programs have any pictures of people on their walls; when they do, they are usually stereotyped and look like pictures from the 1930s.

If you can get a set of Learning about Careers for this activity (see list at end of this session), you can expect a lively discussion. The manufacturer has made a half-hearted attempt to be contemporary. The set seems to be "thrown" together, combining photos from several older sets with a few modern pictures. And, in a set of four-color career photos there is one black-and-white picture of a group of disabled men in wheelchairs playing basketball.

Lotto Games

- o Language is sexist, e.g., fireman; policeman; postman.
- o Stereotyped as to race and sex; women are shown only as mothers or teachers; blacks are drawn as whites with "colored in" faces.
- o Home environments are sterile-looking, depicting a middle-class view that is unrelated to today's world.
- o Careers are outdated, e.g., uniformed milk deliverers and street sweepers are depicted.

After all groups have reported, it is a good idea to briefly summarize and then exapnd the feedback with some of your own observations:

> You have been very astute in picking up the racist and sexist stereotyping in these materials. They certainly don't open up many new options for children, do they? In fact, they depict a world that is much more restrictive than the real world of today, the world these children are living in.
>
> In many ways these materials are excellent. They teach important skills -- eye/hand coordination, small motor skills, observation, and problem-solving skills. Just think how much more effective they could be if they were not so stereotyped; if they helped children understand and appreciate human differences; if they provided a variety of options. I have some strips here to remind us about some of the things we've been discussing. (Put up Stereotyping strip.) Certainly the materials we've just analyzed stereotyped women and men and boys and girls. But they do have value as "consciousness raisers." (Put up Consciousness-Raising Strip.)

ANALYSIS OF CONTEMPORARY MATERIALS (20-30 minutes)

Briefly introduce the next task: "Now we are going to analyze and discuss some other classroom materials." Hand out contemporary versions of the block accessories, puzzles, career pictures, and lotto games to the same groups. Divide the time as before, allowing about five minutes

for the initial discussion and the remaining twenty-five minutes for feedback.

GROUP A TASK CARD

Block Accessories

These figures are a result of more recent early childhood materials development. How do they compare with the other figures?

GROUP B TASK CARD

Puzzles

These puzzles are a result of more recent early childhood materials development. How do they compare with the other puzzles?

GROUP C TASK CARD

Career Pictures

These pictures are a result of more recent early childhood materials development. How do they compare with the other pictures.

GROUP D TASK CARD

Lotto Games

These lotto games are a result of more recent early childhood materials development. How do they compare with the other lotto games?

There is an alternative way of conducting this task. Instead of giving each group the traditional and contemporary versions of the same material, e.g., block accessories, you can rotate them so that each group gets a different material for the second task. For example, if Group A analyzed traditional block accessories for the first task, it could have puzzles for the analysis of contemporary materials. If you do the activity this way, be sure to give the corresponding traditional materials to each group along with the contemporary ones so that they can compare the two versions. This alternative works well of the total group is small (less than twenty or if you have a workshop time of more than three hours).

FEEDBACK

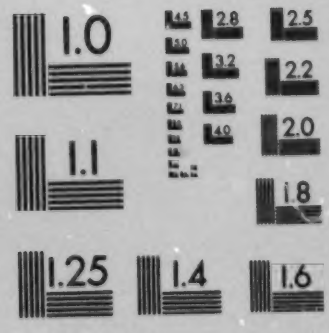
Once the process of analyzing materials has begun, you can expect the participants to look at the second set of materials more carefully and critically than the first. The following examples focus on improvements compared with the first sets of traditional materials. Discussion will depend on which materials you use.

Community Workers/Block Accessories

- Women workers sets (wood) -- More multiracial; varied roles; artwork still stereotyped; everyone is the same size; uniforms still innacurate.
- Our Helpers -- Show counterpart roles for females and males; people look real; some wear glasses; different sizes and shapes; expanded role options for both girls and boys; cardboard not as sturdy as wood; figures not in scale for use with unit blocks.

Family People/Block Accessories

- Wood set -- A little improvement; girl in play clothes; girl and boy the same size; mother is out of her apron.



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No. 2)

o My Family -- People look modern and real; there is a bald man and someone with glasses; people could be going to work or staying at home in clothes they're wearing; roles not specified; boy is still bigger than girl.

Puzzles

o Positive changes include multiracial/ethnic variety; more accurate artwork in regard to racial features; greater diversity of roles, e.g., female judge, black male dentist.

Career Pictures

o Greater variety of careers for both women and men; better racial/ethnic representation; a good balance between professional and manual jobs; workers of different ages.

Lotto Games

o "Play Scenes Lotto" -- Both girls and boys shown in active play; racial/ethnic variety; photographs of real children.

o "First Reading about My School" Lotto -- A variety of school scenes shown, e.g., day care, Head Start, public school; broad racial/ethnic group representation; even a beginning attempt at inclusion -- one scene shows hearing impaired school children.

Summarize the feedback discussion:

It is clear that these materials, while a long way from perfect, are "light years" ahead of the first group regarding sexist and racist stereotypes. They make children aware of new options -- for example, a woman judge, a Black woman lawyer, and a Black male dentist. These contemporary materials offer

children role models that are both realistic and inspiring. The first materials we analyzed were limiting for children -- these are expanding. (Put up Limiting/Expanding strip.) They encourage children to develop their full potential. (Put up Children's Potential strip.)

MINI-LECTURE ON THE EXCLUSION OF THE DISABLED IN EARLY CHILDHOOD MATERIALS (FIFTEEN - TWENTY MINUTES)

No session on early childhood classroom materials would be complete without looking at children's books -- an essential part of every classroom environment. In this workshop, picture books 1) heighten and reinforce awareness of sexist and racist issues as they relate to classroom materials, and 2) lead participants to awareness about the exclusion of images of children and adults with disabilities from all classroom materials, including books.

Begin the lecture by summarizing key points of the materials analysis:

We have spent about an hour looking at classroom materials. We've talked about sexist and racist stereotyping -- how materials fail to represent our pluralistic society. We've discussed how limiting this can be for young children who are just discovering the world around them. (Here you can point to the Limiting/Expanding, Stereotyping, and Children's Potential strips.) We also have seen improvements regarding sexist and racist stereotyping in some of the more contemporary materials. These materials help to expand children's potential (again, point to strips as you talk) and create a positive

self-image. (Put up the Positive Self-Image strip.) But, there is one segment of the population that is still largely left out of classroom materials and society in general. Can anyone identify that excluded group?

If someone has mentioned the exclusion of the disabled during the workshop or picked up on the inclusion in the Lotto game, this is the time to remind the group. If not, review the Notable Women warm-up during which participants talked about how disabilities were usually kept well-hidden from public view.

Let participants discuss "exclusion" for a while. Ask key questions such as:

- o Why don't we see role models of the disabled in schools?
- o What effect does this exclusion have on disabled children? On disabled children?
- o What does this exclusion do to the disabled child's self-image? (Point to strip)

Here it is a good idea to point out that, given the concrete learning style of young children, without role models most will not understand that disabled children will probably grow up to be disabled adults. It is especially important for disabled children to have these role models so that they can make the connection between themselves and adults like themselves. You can illustrate this point with the example described in "Disabled Women: The Case of the Missing Role Model" in this manual, where a deaf woman wrote, "I never knew what would happen when I left school. It scared me. I used to believe that when I graduated I'd die or live with my family forever. That was because I'd never met a deaf woman." Remind participants that exclusion affects a sizable part of

the American population. "Did you know that one of every five adults and one of every ten children in this country has a disabling condition?"

When the key points listed above have been made, intorduce the books to further illustrate and reinforce the issue of exclusion.

> You've looked at several kinds of classroom materials that excluded the disabled. Now, I want to show you some children's books that underscore what we've been discussing today.

Read I'M Glad I'm a Boy, I'm Glad I'm a Girl or excerpts from another sexist children's book. (See list at end of this chapter for suggestions.)

> It is undeniable that progress has been made regarding the elimination of sexism and racism in children's books. Bibliographies are available that list numerous nonsexist and nonracist books for children of various age groups. What we can do as trainers is take the responsibility to find these books; help to ensure that they are the ones chosen for the classrooms' bookshelves and share our awareness with others.

Quickly show participants two or three examples of picture books that are nonsexist and multiracial. Choose some from traditional and contemporary titles to illustrate how many options there are. (See list for suggestions.)

> When it comes to books about people with disabilities, the facts are not so encouraging. Although some progress has been made, a recent study by Project R.E.E.D. showed that sexism, racism, and exclusion are the general rule. For example, in the thirty-one books analyzed (twenty-nine of which were published after 1973):
>
> o Most had more pictures of boys than girls

- o Most had more pictures of disabled boys than disabled girls
- o Eighty-eight percent of all people depicted were white
- o Most used "he" as the generic pronoun for males and females
- o Women were most often depicted as teachers and caretakers.
- o Disabled people were usually shown as isolated from other people
- o Interactions between disabled people and their nondisabled peers were superficial
- o There were virtually no disabled adult role models in any of the books.

Now, illustrate with sepcific examples: "These two are not very successful attempts to deal with disability."

One LIttle Girl by Joan Fassler. New York: Human Science Press, 1969.

Attempts to deal with mild retardation; girl is always alone; women are shown only as mothers and teachers; a male doctor gives an oversimplified diagnosis. Everything is solved in an unrealistic way.

Don't Forget Tom by Hanne Larsen. New York: Thomas Y. Crowell Company (A John Day Book), 1974.

Also deals with mental retardation, but in a more realistic way than One Little Girl. The child, however, is shown alone or with his home teacher in all but two photographs.

"This book is an improvement."

Nick Joins In by Joe Lasker. Chicago: Albert Whitman and Co., 1974.

Nonsexist, multiracial illustrations; deals with realistic fears a boy in a wheelchair would feel being mainstreamed; shows Nick isolated much of his time; the only male teacher shown is a gym teacher; Nick really

feels good after he rescues a stuck ball in gym, and fantasizes that he's Superman who can fly.

"These two are excellent."

Darlene by Eloise Greenfield. New York: Methuen, 1980.

Shows a Black girl in a wheelchair; she interacts with her cousin, uncle, and mother. Nonsexist -- her uncle is the caregiver; realistic --Darlene displays realistic childlike behavior in the context of a warm, supportive family.

Who Am I? by Barry Head and Jim Sequin. Northbrook, IL: Hubbard, 1975. (From the producers of Mr. Rodgers' Neighborhood)

About a little girl who is hearing impaired. Shows her playing, loving her family, and learning. The title words "Who Am I?" are the only words in the book, appearing periodically throughout the text.

You may also want to tell participants that other forms of communication, such as American Sign Language, perpetuate the same stereotypes.

> A study done by students in LaGuardia Community College on sign language showed that stereotyping of people by sex and race is so much a part of our culture that it has become the accepted way to illustrate a concept, as in sign language. For example, in American Sign Language, the sign for a Jewish person is a motion as if stroking a beard, indicating that not only are all Jewish people men, but that they all wear beards as well. (Reported in the Interracial Books for Children Bulletin 2, 1&3 (1980).)

DISCUSSION OF ADVOCACY (Five-ten Minutes)

Today we have analyzed and discussed familiar early childhood materials from several different perspectives. We've looked

at them as reflections of societal attitudes, and we've considered the effects of these attitudes on young children. (Put up Societal Attitudes strip.) We've analyzed these materials sequentially; the first ones were stereotyped (point to strip) in many aspects. (Ask participants to reiterate some of the examples.) The next group of materials showed us that progress, at least regarding sexism and racism, has been made and that some of the stereotyped artwork has been updated. This led us to examine the exclusion that still exists for a large segment of the population -- adults and children with disabilities.

We've talked about limiting and expanding children's potential (point to strip), about positive self-image (point to strip), and the role that materials play in the development of these. We also have become more aware of the need to view all materials critically and to take personal responsibility for what becomes part of the classroom environment. Many of us inherit materials and books. After this session I hope we have the courage to get rid of some of these inheritances -- discreetly if necessary, but firmly and forever!

Finally, we've touched on advocacy during the workshop, and now I'd like to close the session by discussing the crucial role advocacy plays in bringing about social change. (Put up the three strips concerning advocacy -- Advocacy Role, Why Don't They?, Why Don't We?)

Think about the Civil Rights Movement and the Women's Movement for a moment. I think we can say that, while much still remains to be done before full equity is achieved, gains certainly have been made as a result of these two movements. None of this could have happened unless people wanted them to happen and were willing to work to convince others of the need. For example, before the Civil Rights Movement, there were no pictures of Black people in positive roles available for teachers to use. Nor did social studies texts include the contributions of Black people to American history.

The same thing is true of women. Without advocacy there would be no alternative materials showing a woman in anything but a domestic role, nor would there be a real life role model of a woman justice in the United States Surpeme Court! Each and every one of us can play an advocacy role -- with parents, with administrators, with manufacturers, and with book publishers. Remember, we're their customers, and if we don't buy stereotyped materials that limit human potential, they won't sell them!

Use the advocacy strips as the focal point for a discussion with participants about what they can do to bring about change. Here are some suggestions you may want to make if they don't emerge from the group:

- o Organize parents into committees to write letters to manufacturers and publishers of early childhood materials and books.
- o Ask parents to talk to their local toy store dealers.
- o Ask parents to form committees to make "inclusive" materials for the

school.

- o Share awareness with teachers and administrators who are ordering materials.
- o Provide bibliographies of nonsexist, multiracial, inclusive books.
- o Prepare or gather resource lists of alternative manufacturers who do provide "inclusive" materials.
- o Encourage teachers to make their own materials.
- o Organize inservice sessions.

To end the workshop,

> I hope you all leave with a great many new ideas. I know you are now more aware of the importance of the societal attitudes materials convey along with the skills they develop. I hope you all leave this workshop committed to doing your part to bring about change. I feel confident that you will work hard to make the preschool environment nonsexist, reflective of racial/ethnic diversity, and "inclusive" of children and adults with disabilities.

MATERIALS

Cards for Notable Women warm-up, see Section Four.

RESOURCES

The materials for the analysis section of the workshop are available from the following sources. It is most likely that you own some yourself or have access to classrooms that use them.

Childcraft Education Corp., 20 Kilmer Rd., Edison, NJ 08817; Toll free 1-800-631-5652; in New Jersey (201) 572-6100

Constructive Playthings, 2008 West 103rd Terrace, Leawood, KS 66206; Toll

free 1-800-255-6124; in Kansas (913) 642-8244

Milton Bradley Company, Educational Division, Springfield, MA 01101; (413) 525-6411

Instructo/-McGraw Hill, 18 Great Valley Parkway, Malvern, PA 19355; Toll free 1-800-523-1713

Women's Action Alliance, Inc., NSCD Project, 370 Lexington Ave., New York, NY 10017; (212) 532-8330

TRADITIONAL MATERIALS

Choose one example from each category.

Community Workers/Block Accessories

Eight-person set. Seven males in varied jobs; one female nurse; black or white (Childcraft)

Six-person set. All male community workers; black or white (Childcraft)

Service Career People. Three males; three females; mixed black and white (Constructive Playthings)

Fmily People/Block Accessories

Six-person family. Girl and boy; grandmother in apron; grandfather with newspaper; mother with baby in arms; father dressed for business; black or white (Constructive Playthings)

Giant People. Mother with apron; father in business suit; boy, girl, baby; black or white (Childcraft)

Puzzles

Peter Peter Pumpkin Eater (Childcraft)

Cinderella (Playskool)

Old Woman Who Lived in a Shoe (Playskool)

If you have access to older occupational puzzles, e.g., firefighter (male), doctor (male), or nurse (female), use these instead of nursery rhyme puzzles.

Career Pictures

Learning about Carrers. Set #74450 (A 1958); 20 pictures; 12 x 17 inches; teacher's manual (Childcraft)

Lotto Games

The World about Us (Childcraft)

Farm Lotto (Childcraft)

Jobs Lotto (Childcraft)

CONTEMPORARY MATERIALS

Community Workers/Block Accessories

Our Helpers. Twelve stand-up figures showing females and males in counterpart community jobs; cardboard with plastic stands; multiracial (Milton Bradley; Childcraft; Constructive; Women's Action Alliance, Inc.)

Women Workers. Six figures; wood; black and white (Childcraft)

Career Workers. Six figures; wood; two females; four males; black and white (Childcraft)

Women Workers. Six figures; wood; multiracial (Constructive)

Varied Career People. Six figures; wood; three male; 3 female; black and white (Constructive)

Service Career People. Six figures; wood; three female; three male; black and white (Constructive)

Family People/Block Accessories

My Family. Twelve figures; cardboard with plastic stands; different ages;

dressed in contemporary clothing suitable for working inside or outside the home; black and white (Milton Bradley; Women's Action Alliance, Inc.)

Six-person set. Slightly more contemporary, i.e., both girl and boy in play clothes; mother no longer wears apron (just grandmother!); boy no longer bigger than girl (Childcraft)

Puzzles

Nonsexist Career Puzzles by the Judy Company. Wood; telephone lineperson, lawyer, TV reporter are female; multiracial (Childcraft; Constructive)

Dressing/Undressing Puzzle by Galt. Wood; boy and girl; under the clothing pieces children are undressed and anatomically complete; white (Childcraft; Constructive)

Male Nurturing Puzzles. Eight scenes of men in nurturing roles; wood; multiracial (Childcraft)

Career Pictures

People at Work. Twenty-four black-and-white photos of women and men in nontraditional careers; multiracial (Instructo/-McGraw Hill; Women's Action Alliance, Inc.)

Real People Real Jobs: Posters for the 80s. Available from Rutgers Training Institute for Sex Desegregation, Federation Hall, New Brunswick, NJ 08903

Lotto Games

Play Scenes Lotto. Full-color photo lotto; shows girls and boys in active nonsexist play scenes; multiracial (Milton Bradley; Women's Action Alliance, Inc.

First Readings about My School. Full-color photo lotto and book set; nonsexist; shows a variety of contemporary school scenes; includes one illustration and story about hearing-impaired children; multiracial (Milton Bradley, Women's Action Alliance, Inc.)

Note: The First Reading Lotto is an early reading game. Preschool children can play the lotto game, while the teacher reads the story. Reading children can use lotto boards in a variety of ways, e.g., match picture to picture, text to pictures, and text to text.

TRADITIONAL BOOKS

I'm Glad I'm A Boy! I'm Glad I'm A Girl! by Whitney Darrow Jr. New York: Windmill Books/Simon & Schuster, 1970

Try to get this book from the library or a classroom. It is out of print but worth hunting down as a prime example of a sexist picture book.

What's Good for a Six Year Old? by William Cole. New York: Holt, Rinehart and Winston 1965; paper.

What Do People Do All Day? by Richard Scarry. New York: Random House, 1968.

This or any older Scarry book will be a fine example of stereotyped roles. His newer books give mixed messages. Females are shown in a few nontraditional roles along with many traditional ones. Also, males heavily predominate in all his books.

NONTRADITIONAL BOOKS

All Kinds of Families by Norma Simon. Chicago: Albert Whitman & Co., 1976.

Darlene by Eloise Greenfield. New York: Methuen, 1980.

Ferdinand the Bull by Munro Leaf. New York: Viking Press, 1936;

available in paper by Puffin Books.

Green Eyes by Al Birnbaum. New York: Western Publishing Co., 1953.

Who Am I? by Barry Head and Jim Sequin. Northbrook, IL: Hubbard, 1975.

Note: In books, the words traditional and nontraditional (rather than contemporary) are used because many older books have nonsexist themes despite early publication dates.

MOUNTING STRIPS

If you have a waxing machine and Rainbow Sentence Strips, you can mount the strips very easily during the workshop. If not, have strips made from regular colored paper ready with masking tape rolls on the back. Arrange them in order of use and number the backs. Remember, if you display them right side up, or mount them before the workshop, you will give the topic away.

- o Limiting/Expanding
- o Children's Potential
- o Positive Self-Image
- o Consciousness-Raising
- o Stereotyping
- o Uncovering Societal Attitudes
- o Why Don't They?
- o Why Don't We?
- o Advocacy Role

The waxing machine is available from: Lectro-Stik Corp., 3721 North Broadway, Chicago, Il 60613. The mounting strips are Rainbow Sentence Strips made by J. L. Hannett Co., 2393 Vauxhall Rd., Union, NJ 07083.

REPRODUCIBLE TASK CARDS

These task cards are arranged in order for Group A, B, C, & D. They are not marked, however, so that you can use the alternative design for the activity described in the workshop.

Group A

TASK CARD

These figures are used in early childhood centers in conjunction with block building. What reactions do you have to them?

Group B

TASK CARD

These puzzles are used in early childhood centers around the country. What reactions do you have to them?

Group C

TASK CARD

Pictures like these are used in early childhood centers. What reactions do you have to them?

Group D

TASK CARD

These lotto games are used in preschool centers around the country. What reactions do you have to them?

Group A

TASK CARD

These figures are a result of more recent early childhood materials development. How do they compare with the other figures?

Group B

TASK CARD

These puzzles are a result of more recent early childhood materials development. How do they compare with the other puzzles?

Group C

TASK CARD

These pictures are a result of more recent early childhood materials development. How do they compare with the other pictures?

Group D.

TASK CARD

These lotto games are a result of more recent early childhood materials development. How do they compare with the other lotto games?

WORKSHOP EVALUATION

You can help us to improve today's workshop by providing the information requested below. Please do not put your name on this form. Your answers will be anonymous and confidential. Thank you for your help.

Part I. Rate each statement in Part I by circling a single number on a scale from one to seven. For example, if you strongly disagree with the statement, circle 1. If you strongly agree, circle 7. Circle 2, 3, 4, 5, or 6 to indicate a position between the two extremes.

	Rating Scale: circle only one number for each statement						
	Strongly disagree			Neither agree nor disagree			Strongly agree
1. The workshop clearly showed that there is value in using early childhood classroom materials that portray males and females in nontraditional roles.	1	2	3	4	5	6	7
2. The workshop clearly showed that there is value in using early childhood classroom materials that portray people with disabilities.	1	2	3	4	5	6	7
3. The use of task cards during the workshop was effective.	1	2	3	4	5	6	7
4. The small group discussions that occurred during the workshop were worthwhile	1	2	3	4	5	6	7

	Strongly disagree			Neither agree nor disagree			Strongly agree
5. The whole group discussions that occurred during the workshop were worthwhile.	1	2	3	4	5	6	7
6. Before participating in the workshop I recognized the value of using early childhood classroom materials that portray males and females in nontraditional roles.	1	2	3	4	5	6	7
7. Before participating in the workshop I recognized the value of using early childhood classroom materials that portray people with disabilities.	1	2	3	4	5	6	7
8. The workshop motivated me to look for ways to use nonsexist, multiracial classroom materials that include people with disabilities.	1	2	3	4	5	6	7

Comments: _____

_____

_____

_____

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go on to next page

Part II. Fill in the information requested below.

What parts of the workshop were the most valuable? Why?_____

_____

_____

_____

Is there any part of the workshop that should be changed? Why?_____

_____

_____

_____

Do you have any new ideas that you would like to try out as a result of today's workshop? If yes, describe.

_____

_____

_____

Additional comments_____

_____

Part III. Finally, we would like you to answer two more questions about yourself and fill in today's date.

Sex (please circle) Female Male

Affiliation_____
(describe type of organization, your position)

Today's date_____

BUILDING AN "INCLUSIONARY" CURRICULUM

This workshop helps participants become aware of the need for an "inclusionary" early childhood curriculum -- one that is nonsexist, multicultural, and integrates role models of disabled children and adults throughout. Through a series of interactive tasks, participants confront their own attitudes and knowledge about disabilities, develop curricular activities, and explore ways that they can help others become more aware of the need for an inclusionary approach to early education. As in the preceding workshop, mounting strips are used throughout to reinforce key points.

Issues addressed in the session are firmly rooted in principles of early childhood education. The early childhood classroom is an environment in which the learning of social and cognitive skills are totally integrated. Through this carefully planned environment, children learn about the world around them: the world of work, the family, and the community. If the classroom environment reflects sexist attitudes, if it is not reflective of racial/ethnic diversity, if it excludes images of children and adults with disabilities, children will absorb this world view. If, however, the classroom environment is nonsexist, showing men, women, girls, and boys in a wide variety of roles; if racial/ethnic diversity and images of people with disabilities are integrated throughout the materials and curricular activities, then children will absorb this more expansive and inclusive world view.

Remember, it is during the early childhood years that the most intense socialization takes place, that self-image is formed, and that the building blocks of future cognitive development are put into place. Therefore, as an early childhood trainer, you have a crucial role to play to bring awareness of the issues as well as strategies for change to those

whom you train.

OBJECTIVES

1. Participants will become aware of the need for an inclusionary curriculum.
2. Participants will explore their own attitudes toward an inclusionary curriculum.
3. Participants will explore the components of such a curriculum.
4. Participants will begin to understand the relationship between inclusionary curriculum and principles of child development.
5. Participants will examine how they can advocate for an inclusionary curriculum.

MATERIALS NEEDED

- Cards for warm-up exercise (see Section Four: Warm-ups).
- Task cards
  - Discussion stimulators
  - Peabody Language Development Kit
  - Inclusionary curriculum
- Miniature wheel toys (for use as block accessories)
  - Wagon
  - Tricycle
  - Baby carriage or stroller
- Peabody Language Development Kit - family pictures, career pictures, and posters
- Resource Photos for Mainstreaming
- Mounting strips of relevant early childhood principles (Head Start

trainers may want to substitute relevant Performance Standard or CDA Competencies and Functional Area strips -- or prepare additional strips.)

- o Mounting strips for advocacy role
- o Evaluation questionnaire

TIMING

To explore inclusionary curriculum thoroughly, a three-hour session is recommended for fifteen-thirty participants. The workshop deals with highly sensitive issues, many of which participants may be thinking about for the first time. They will need time to express themselves, and you will need time to expand on their feedback, taking them beyond the normal "first time" responses to deeper levels of understanding.

WARM-UP AND INTRODUCTION (TEN-FIFTEEN MINUTES)

As participants enter the room, give each one a card with the letter(s) R or EE or D on it as described in Section Four. Briefly explain why the letters R.E.E.D. were used for forming the small groups:

> R.E.E.D. stands for Resources on Educational Equity for the Disabled. This program, a project of the Non-Sexist Child Development Project of the Women's Action Alliance, Inc., is working to create early childhood learning environments that are nonsexist, multiracial, and inclusive of images of the disabled. Because that is essentially what we will be focusing on today, I used the acronym as a device for forming small groups. Let me breifly go over the points I just mentioned so you'll understand what I mean.

Nonsexist. Sexist attitudes have repercussions that we have only just begun to examine and understand. Sex-role stereotypes shortchange both females and males. We can initiate nonsexist environments for children in the early childhood years by making all the options of the classroom available to both boys and girls. In this way, we may be able to raise women and men who can take full advantage of their capabilities.

Multiracial/ethnic. This approach is one that ensures that the classroom reflects the multiracial/ethnic richness of society by providing role models of people from various cultures in classroom materials, curricular activities, and in pictures on the walls.

Inclusive. The classroom environment should include images of children and adults who have disabilities. This inclusion will expand the world view of both the child with a disability and of her or his nondisabled peers by providing role models of active people with disabilities functioning in society.

When a nonsexist, multiracial, inclusionary approach is integrated throughout every aspect of the classroom environment -- not superimposed but integrated -- it will make for good early childhood education. Why? Because (put up strips):

- o It helps children understand, respect, and appreciate difference.
- o It acquaints them with the realities of the world around them.
- o It enriches their range of experience.
- o It enhances their self-image.
- o It allows them to begin to develop to their fullest potential.

Remind participants that you will be referring back to these points during the workshop and move on to the objectives of the workshop, which are to:

- o Examine the need for an inclusionary curriculum
- o Examine our own attitudes regarding inclusionary curriculum
- o Look at early childhood curriculum and commonly used materials in terms of whether they are nonsexist, multicultural, and inclusive of the disabled
- o Relate the inclusionary curriculum to early childhood principles (refer back to the previous strips)
- o Examine ways of advocating for an inclusionary curriculum.

DISCUSSION STIMULATORS (ONE HOUR)

The purpose of this activity is to enable participants to explore societal attitudes, as well as their own personal feelings, about people with disabilities. Keep in mind that, in general, people are not comfortable about disabilities. Disability has been a hidden factor in society for too long. You can expect that participants' first reactions will be somewhat superficial, perhaps self-righteous, and not really confronting underlying feelings. You also may find participants going off on tangents, which is another way of avoiding the complex nature of the issues. During the pilot testing of this workshop, the trainer often shared personal experiences and anecdotes related to disabilities, which helped create an atmosphere of trust and made participants more willing to share their feelings.

Give each group a task card and ask them to discuss the situation on the card. Have someone in each group serve as a reporter/recorder. Allow

about ten minutes for discussion. It is a good idea to give a half-time warning and another one about two minutes before time is up. As the groups proceed, circulate to make sure everyone is participating and to answer questions that arise.

GROUP R TASK CARD*

Finding a Spouse

It is often more difficult for physically disabled women than for physically disabled men to find a spouse. At the same time, mentally retarded women find spouses more easily than mentally retarded men. What do you think are the reasons?

*This information comes from a kit, "Women and Disability," distributed by the UN and prepared by JUNC/NGO Series on Women and Development, International Labor Organization.

GROUP EE TASK CARD

Literature Search

In a recent review of a large sample of literature in the field of special education, one significant finding was that there were very few illustrations of adults with disabilities. React to this finding.

GROUP D TASK CARD

Choice of Language

In a conversation, a colleague identifies a child as a "cripple." How would you react to this? Describe your reactions. What would you say to this colleague?

FEEDBACK

Before each group reports, ask the reporter to read the task card aloud. Some major points to be elicited during the feedback, as well as some questions you can ask to stimulate further discussion, follow:

Finding a Spouse

- o Women are socialized to take care of people so that can better accept the added responsibility of a physically disabled mate.
- o Many retarded people can be trained to handle typical homemaking chores. Therefore, since many men view women primarily as housekeepers, they can be accepting of a mate who could function in this role.
- o Do these commonly held perceptions limit or expand the horizons of a person who is disabled?

Literature Search

- o In the early childhood classroom, role models and concrete experiences are crucial learning tools.
- o What are the implications for a disabled child if there are no disabled adult role models? For the nondisabled child?
- o How can we provide these essential adult role models given the scarcity of resources?

After participants make some suggestions, you may want to introduce Resource Photos for Mainstreaming or other resources you have discovered that add images of disabled people functioning in society to the classroom environment. Also, you may want to ask participants to close their eyes for a minute and imagine the classroom walls and hallway displays in a typical school. How many images of adults or children with disabilities can they remember? Then ask:

- o What can we do to create a demand for more resources?
- o How can we make others (teachers, parents, administrators) more aware?
- o Why are so few qualified disabled adults hired as teachers?

Choice of Language

- o The words we choose communicate values. Words can express prejudice or they can become a strategy to build respect. Standard language usage often conceals unconscious biases based on sex, race, religion, ethnicity, age, and disability. Think about words such as "tomboy" and "sissy." We talk about "the blind leading the blind," and we often use the word "black" as a symbol for evil or refer to someone as "an old hag."
- o Children's own definitions for different disabilities will give you clues to their stereotypes as well as their concerns. These definitions may reflect peer slang, e.g., "retard," and, more likely, the teachings of parents and media.
- o While the terms "disabled," "handicapped," and "crippled" are often used interchangeably, in fact, the latter two terms carry negative connotations. "Crippled" connotes pity toward people who have disabilities, and

"handicap" is derived from the term "cap in hand," which refers to begging. Both "crippled" and "handicapped" indicate that the person is not a fully functioning member of society. A disability does not always present a handicap, nor is it always crippling. It may mean that a disabled person does something differently from a nondisabled person, but with the same result and with equal participation.

- o "A person who is blind" is preferable to "a blind person." The former implies that visual impairment is only one aspect of the person, while the latter describes the blindness as the essential characteristic. An important principle to remember when describing a person with any kind of disability is, "The person is an individual first." A disability is only one aspect of a person's personality; it does not define the individual.
- o What are some commonly used terms that express a biased attitude toward the disabled?
- o What is one example of sexist and racist language?
- o What can you do when a child used biased language such as "retard?"

Since the discussion will have continued for an extended time, it will be important to summarize before moving on to the next task:

> These discussion stimulators certainly did their job! You have raised many essential points. We've touched on the sexist connotations in disability issues. We've discussed the importance of role models, the implications of exclusion, for all children. We've talked about how biased societal attitudes affect our perception and our choice of words regarding sex, race, and disability. Finally, we've talked about how putting a word like "cripple," in front of the word, "child," blocks us from

looking at the whole child. Remember, we are striving for an environment that enhances children's self-image and allows them to begin to develop to their fullest potential (point to strip).

PEABODY PICTURE ANALYSIS (FORTY-FIVE MINUTES)

To introduce this activity, relate it to the previous discussion in the following ways:

We've spent quite a while examining attitudes about people with disabilities. Of course, we've only scratched the surface of the issue -- remember training in this area is very new -- but each of you will go back to your agencies more agencies more aware of subtleties than before. Now, we're going to move from the abstract to the concrete, to see how these attitudes affect the area of curriculum. First, we'll examine some materials that are commonly used as diagnostic tools in early childhood programs. How many of you are familiar with the Peabody Language Development Kit? Do you use it in your work? Do you know centers where it is used?

Give each group a task card and some picture/posters from the Peabody Kit -- use some family pictures, career pictures, and one or two posters. Ask each group to select someone to serve as a recorder/reporter. Circulate while the participants are analyzing the cards. Try to make sure everyone is participating in the discussion. Be sure to give time signals halfway through and just before the end of the activity.

GROUP R TASK CARD
These cards of people are from the Peabody Language Development Kit. Please look them over and comment on them.

GROUP EE TASK CARD
These cards from the Peabody Language Development Kit are intended to help stimulate children's language. What are your reactions to them?

GROUP D TASK CARD
These posters are part of the revised edition of the Peabody Language Development Kit. How do you react to them?

FEEDBACK

Before each group reports, ask the reporter to read the task card. Make sure the other participants can see the pictures as they are analyzed. You will need to tell participants that there has been considerable improvement made in the more recent Peabody Kits. The new sets do attempt to be nonsexist and multiracial. Most centers, however, will continue to use the older sets because they cannot afford to replace them. Major points to be elicited during the feedback discussion follow.

In the older sets:

- The occupational and family roles remain sexist
- The view of daily life presented is sterile
- Only a middle-class life style is represented -- and an unrealistic one at that

o The attempt to be multiracial/ethnic is superficial.

In the newer sets:

o The attempt at revision in the posters is only partly successful, .e.g., some of the occupations are not sexist, some are. There is still no inclusion of people with disabilities.

The protrayal of middle-class life styles in the pictures can be a springboard for discussing the messages these pictures convey to children about their own homes. Might these messages affect children's self-image? You can point out that the environments pictured are sterile-looking. If these images prevail in the classroom, children see them as the "ideal." Children can be made to feel (although they usually don't express it verbally) that their homes are not as good as the one in the picture. (This is an appropriate time to point to the <u>It enhances their self-image</u> strip.)

Sum up the feedback to lead into the final activity, which examines typical areas of curriculum:

> As a result of this training, I hope you will become critical of materials and will begin to examine <u>everything</u> in the way we've examined the Peabody. But, existing materials are only part of the classroom picture. What can we do to change the curriculum to make it more inclusive, not only of children from a variety of cultures, but of nonstereotyped images of the disabled? In other words, how can we create "A New Mainstream" in our early childhood centers, one that truly encompasses the variety of human talents that exist in our society? Our next activity will help us explore answers to these questions.

BUILDING AN "INCLUSIONARY" CURRICULUM

(FORTY-FIVE MINUTES)

Ask participants to form four small groups. Give out the following task cards. Ask one member of each group to serve as recorder/reporter.

GROUP A TASK CARD Blocks Think of some ways in which children's block play can be expanded to include both disabled and nondisabled people.
GROUP B TASK CARD Teacher-made Materials and Activities What types of activities and teacher-made materials would naturally expand children's awareness of a world that includes both disabled and nondisabled people?
GROUP C TASK CARD Actual Role Models How could you provide actual role models of adults with disabilities and then expand the curriculum to reinforce this experience?

GROUP D TASK CARD

Dress-up Area

What additions could be made in the dress-up area that would expand children's dramatic play to include both disabled and nondisabled people?

FEEDBACK

Ask each group reporter to read the task card first. Build on the ideas generated in each group, using them as a way to introduce information, resources, and further suggestions. Be sure to make it clear that ideas and suggestions from the total group are welcome. Some key curriculum ideas and questions you can ask to stimulate further thinking follow.

Blocks

- o Adapt existing block accessory figures to make some of them symbolize people with disabilities, e.g., paint on dark glasses or hearing aids.
- o Ask children questions to encourage problem solving, e.g., "How could a person in a wheelchair get into your building?"
- o If a child with a disability can't build on the floor, provide table space and, if necessary, smaller blocks.
- o Designate a specific space in such a way that a child with a visual disability can feel the parameters and build within them.

Ask questions such as:

- o Why is block play such an essential early childhood activity? (Remind participants of the math and spatial-analytic skills gained through block building.)
- o Who plays with blocks most of the time? Why?

- o What can we do to encourage block building for all children -- especially children with disabilities and girls?
- o What accessories can we add to the block area to make it more inclusionary? (Show participants miniature wheel objects, e.g., doll carriage, wagon. Point out that, as yet, no commercial miniature wheelchairs, crutches, or other aids exist. Suggest that these could be made from cardboard, pipe cleaners, etc. Ask participants if they have any ideas about how to make such materials.)

Teacher-made Matierals and Activities

- o Make a lotto game, including pictures of disabled children and adults.
- o Make an object card game including crutches, wheelchairs, as everyday objects.
- o Make some posters using photos of disabled and nondisabled people.
- o Make a puzzle of a seeing-eye dog.
- o Read books that include disabled and nondisabled images.
- o Use sign language as a means of communication.

Questions to ask:

- o Who else can make "inclusive" materials besides the teacher?
- o While we're supplementing the curriculum, what else should we be doing? (Advocating and sharing awareness.)
- o How can you find out if any new materials exist?

Actual Role Models

- o Ask if any of the children have relatives who are disabled.
- o Arrange a trip to a worksite where there are disabled adults.
- o Arrange to have a disabled person visit the class.

o Take pictures of trips or visits and display them in the classroom.

Questions to ask include:

- o How could you prepare children for a trip or visit?
- o What if a child is apprehensive before the trip?
- o How could you find books that would extend the experience?

Dress-up Area

o Add pictures of disabled children and adults.

o Add crutches, canes, and glasses frames.

Questions to ask are:

- o Does the dress-up area include both male and female items of clothing that are functional and comfortable?
- o Are there pictures of people from various racial/ethnic groups on the walls?
- o What would you say if a parent asked you about the canes, crutches, or other such objects?
- o How could you share your awareness with other teachers?
- o What real life experiences could you provide to reinforce the symbolic play?
- o How do you think children's symbolic play would be affected by the inclusion of disability aids in the dress-up area?

WRAP-UP (FIFTEEN MINUTES)

I'm sure your circuits are overloaded. That was done on purpose so that when you go back to your centers, you're eager to share today's workshop with your colleagues. We have just begun to touch on a new area for early childhood educators -- the need to

bring images of children and adults with disabilities into the mainstream. We've been talking about creating "a new mainstream" -- one that is nonsexist, multiracial/ethnic, and inclusive of the disabled. Remember, at the beginning of the workshop we spoke about how creating an inclusive classroom environment is true to early childhood education principles because (point to strips):

- o It helps children understand, respect, and appreciate differences.
- o It acquaints them with the realities of the world around them.
- o It enriches their range of experience.
- o It enhances their self-image.
- o It allows them to begin to develop to their fullest potential.

We are breaking new ground with this concept, and each and every one of you can be a pioneer. You can play an advocacy role by (put up strips as you talk):

- o Sharing awareness with teachers and parents.
- o Advocating for change with manufacturers and publishers.
- o Modifying existing materials.
- o Designing teacher-made materials.
- o Organizing parents and teachers into committees to make materials.

(If you prefer and have enough time, you can elicit these points from participants by asking, "How can we all play an advocacy role to bring about change?")

If you go back to your communities and raise the awareness of parents and teachers, if you advocate for changes in materials, if you develop and implement new curricular activities for the classroom, you will enhance the self-image of all children. You will also

help them develop to their fullest human potential. You will encourage appreciation and understanding of human differences. You will expand children's horizons. That's a big job. And, as we've experienced in our discussion today, attitudes about disability (and about sexist and racist issues) are very complex and touch deep emotional levels, so the task is not easy. I know you are up to the challenge.

MATERIALS

Cards for R.E.E.D. Warm-up, see Section Four.

Miniature wheel toys: Wagon, tricycle, baby carriage, or stroller. These can be purchased from any toy or hobby shop that sells doll-house furniture.

Peabody Language Development Kit. You can find older sets in virtually every child care program. Samples of revised kits can be ordered. (American Guidance Service, Circle Pines, MN 55014)

Resource Photos for Mainstreaming. Two sets: 1) children in mainstreamed school scenes and 2) adults in work and recreation scenes. (Women's Action Alliance, Inc., Nonsexist Child Development Project, 370 Lexington Ave., New York, NY 10017.) Children's set also available from: Instructo/-McGraw-Hill, 18 Great Valley Parkway, Malvern, PA 19355.

MOUNTING STRIPS OF RELEVANT EARLY CHILDHOOD PRINCIPLES

- It helps children understand, respect, and appreciate differences.
- It acquaints them with the realities of the world around them.
- It enriches their range of experience.
- It enhances their self-image.
- It allows them to begin to develop to their fullest potential.

MOUNTING STRIPS FOR ADVOCACY ROLE

- o Sharing awareness with teachers and parents.
- o Advocating for change with manufacturers and publishers.
- o Modifying existing materials.
- o Designing teacher-made materials.
- o Organizing parents and teachers into committees to make materials.

REPRODUCIBLE TASK CARDS

Discussion Stimulators

TASK CARD

It is often more difficult for physically disabled women than for physically disabled men to find a spouse. At the same time, mentally retarded women find spouses more easily than mentally retarded men. What do you think are the reasons?

TASK CARD

In a recent review of a large sample of literature in the field of special education, one significant finding was that there were very few illustrations of adults with disabilities. React to this finding.

TASK CARD

In a conversation, a colleague identifies a child as a "cripple." How would you react to this? Describe your reactions. What would you say to this colleague?

Peabody Kit

TASK CARD

These cards of people are from the Peabody Language Development Kit. Please look them over and comment on them.

TASK CARD

These cards from the Peabody Language Development Kit are intended to help stimulate children's language. What are your reactions to them?

TASK CARD

These posters are part of the revised edition of the Peabody Language Development Kit. How do you react to them?

TASK CARD

Think of some ways in which children's block play can be expanded to include both disabled and nondisabled people.

TASK CARD

What types of activities and teacher-made materials would naturally expand children's awareness of a world that includes both disabled and nondisabled people?

TASK CARD

How could you provide actual role models of adults with disabilities and then expand the curriculum to reinforce this experience?

TASK CARD

What additions could be made in the dress-up area that would expand children's dramatic play to include both disabled and nondisabled people?

WORKSHOP EVALUATION

You can help us to improve today's workshop by providing the information requested below. Please do not put your name on this form. Your answers will be anonymous and confidential. Thank you for your help.

Part I. Rate each statement in Part I by circling a single number on a scale from one to seven. For example, if you strongly disagree with the statement, circle 1. If you strongly agree, circle 7. Circle 2, 3, 4, 5, or 6 to indicate a position between the two extremes!

Rating Scale: circle only one number for each statement							
	Strongly disagree			Neither agree nor disagree			Strongly agree
1. The workshop clearly showed that a nonsexist multicultural curriculum that includes people with disabilities can be presented in ways that are in keeping with principles of early childhood education.	1	2	3	4	5	6	7
2. Individually, the small group activities in today's workshop were worthwhile.	1	2	3	4	5	6	7
3. The small group activities had a cumulative effect that was worth while.	1	2	3	4	5	6	7

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go on to next page

	Strongly disagree			Neither agree nor disagree			Strongly agree
4. Before participating in the workshop I recognized the value of providing an early childhood curriculum that is nonsexist.	1	2	3	4	5	6	7
5. Before participating in the workshop I recognized the value of providing an early childhood curriculum that includes people with disabilities.	1	2	3	4	5	6	7
6. The workshop motivated me to work on developing early childhood environments that are nonsexist, multicultural and inclusive of people with disabilities.	1	2	3	4	5	6	7

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Comments: _____

_____

_____

GO ON TO NEXT PAGE

Part II. **Fill in the information requested below.**

What parts of the workshop were the most valuable? Why?_____

_____

_____

_____

Is there any part of the workshop that should be changed? Why?_____

_____

_____

_____

_____

Do you have any new ideas that you would like to try out, as a result of today's workshop? If yes, describe.

_____

_____

_____

Additional comments_____

_____

Part III. Finally, we would like you to answer two more questions about yourself and fill in today's date.

Sex (please circle) Female Male

Position (circle those that apply) Administrative staff Classroom staff Health staff

Parent of child in program Social service staff Other, such as office staff, custodial staff, guest:

Today's date_____

CREATING AN INCLUSIONARY HOME ENVIRONMENT

This workshop helps parents become aware of the benefits for all children of inclusionary childrearing, that is, bringing up children with a world view that is nonsexist, multicultural, and inclusive of disabled people.

Through small group tasks, audio-taped vignettes, discussions, and mini-lectures, participants explore aspects of the home, school, and community that convey societal attitudes to young children that often are noninclusive, and therefore limiting. The role of parents as the first teachers of their children is integrated throughout the workshop. The final discussion raises questions about some of the ways in which parents can become advocates for inclusion.

OBJECTIVES

1. Parents will become aware that inclusionary childrearing benefits all children -- and that noninclusionary childrearing limits children's development.
2. Parents will examine components of the home, school, and community that convey noninclusionary attitudes to their children.
3. Parents will explore their own attitudes toward disability.
4. Parents will explore their own attitudes toward authority figures.
5. Parents will begin to recognize that they can be advocates for change.

MATERIALS NEEDED

- Cards for warm-up exercise (see Section Four: Warm-ups)
- Task cards

- o Audio-taped vignettes
- o Tape recorder
- o Mounting charts and strips
- o Evaluation questionnaire

TIMING

One and one-half hours are recommended for this workshop. This amount of time gives parents an opportunity to discuss each of the segments in depth and at a lively pace. It also takes into account the practicalities of parent meetings, which usually take place in the evenings when people are tired and do not want to stay out too late. If the feedback following the Discussion Stimulators is very fruitful, you may want to cut out one of the taped vignettes to conserve time. Or, you may decide to extend the workshop time by fifteen minutes to cover all the issues raised by the vignettes. The decision will have to be based on your own judgment concerning the participants' needs and interest.

WARM-UP AND INTRODUCTION (TEN MINUTES)

Use the Project R/EE/D warm-up described in Section Four to group participants as they enter the room. It is probably a good idea to put spouses into different groups to stimulate individual ideas and discussion. Briefly introduce the workshop:

> I'm sure you are curious about why the letters R.E.E.D. were used to separate you into groups rather than a simple A, B, C, or 1, 2, 3. R.E.E.D. stands for Resources on Educational Equity for the Disabled, a program that is trying to help parents and teachers of young children create home and

school environments that encourage girls and boys to (mount chart as you talk):

- o Develop full intellectual, physical, and emotional potential regardless of their sex, race, or disability.
- o Learn through experiences that are not limited according to traditional sex roles
- o Enlarge their range of experience to include many racial/cultural groups besides their own
- o Understand, respect, and appreciate human differences
- o Expand their world view to include adults and children with disabilities.

The main focus of Project R.E.E.D. is to promote early childhood environments that are "inclusionary." By that I mean home and school environments that offer children a world view that is nonsexist, that is reflective of the multicultural society in which they live, and that includes images of children and adults with disabilities functioning in society. Such environments (put up strips as you talk):

- o Expand the options for all children
- o Acquaint them with the realities of the world around them
- o Enhance the self-image of each individual child.

By the way, what I've just described, and what is on this chart and these strips could also be a basic description of good early childhood education. And, as parents, you have a vital role to play in developing good early childhood education for your children. After all, you are their <u>first</u> teachers, you choose

the schools they attend, and you introduce them to the world outside the home and school.

Now we're going to examine some of the messages that children receive at home, in school, and in the community to see if they are really the ones we, as parents, think they should be getting.

DISCUSSION STIMULATORS (THIRTY MINUTES)

The purpose of this activity is to help participants focus on societal attitudes about disability and the ways in which biases toward sex and disability often interact. Though the situations described on the task cards may seem somewhat extreme, they are actual occurrences that were reported to Project R.E.E.D. staff. Through a discussion of the situations, participants will be able to examine some of their own feelings about disability from a "safe" perspective.

As you give out the task cards, ask each group to choose a reporter/recorder. Allow about ten minutes for discussion. Be sure to give a warning half-way through and again about two minutes before time is up.

GROUP R TASK CARD

A mother who has just learned that her child has Down's Syndrome calls the child's grandmother to tell her the news. The following conversation ensues:

G: Well, what did the doctor say?

M: Well, mom, he told me that everything has been confirmed. Elsie has Down's Syndrome. You know, that's another term for what they used to call "Mongoloid," and it means that she will be retarded and probably have other problems, too.

more

G: Oh, my dear. Now try to calm down. Don't go to pieces. It will be all right. Think of it this way...Thank God at least that she's a girl, because if she had been a boy, it would really have been a tragedy!

Discuss this situation together and be prepared to report your reaction to the whole group.

GROUP EE TASK CARD

A group of preschool children who had been diagnosed as legally blind were excited because they were going on a trip to visit a department store Santa Claus near their school. While the children were waiting on line for their turn to talk to Santa Claus, they overheard a person behind them say -- "They shouldn't bring those blind children here -- it spoils Christmas for everyone."

Discuss this situation together and be prepared to report your reactions to the whole group.

GROUP D TASK CARD

A teacher went to visit Louis, a five-year-old former student who had an orthopedic disability after he "graduated" from a disability specific preschool into a mainstreamed kindergarten. Louis always had been independent, articulate, outgoing, and physically active in preschool. During the visit, however, he was found being wheeled around in a doll carriage making infant noises. When his former teacher discussed this behavior with his current teacher, this was the reply: "Oh, the children

more

love Louis. We all do, and this is how we show it."
Discuss this situation together and be prepared to report your reactions to the whole group.

FEEDBACK

Before each group reports, ask the reporter to read the task card aloud. Some major points to be elicited during the feedback, as well as some questions to stimulate discussion, follow:

Group R

- o Even today our society seems to value boys more than girls.
- o Other cultures the world over seem to share this preference.
- o Unless they are caught off guard, most people try to hide their negative feelings about disability. Many people might feel the same way as the grandmother, but would hesitate to say so out loud.
- o Disability brings out conflicting emotions and feelings in people, e.g., this grandmother is trying to comfort her daughter and in the process reveals her own sexist attitudes.
- o Sexist attitudes are damaging to the self-image of a child.

Questions:

Why do most societies seem to value boys over girls? How is this evidenced in our society?

What are the possible effects of such biased attitudes on the development of a positive self-image in both girls and boys?

How might such attitudes affect interpersonal relationships between the sexes?

Has anyone ever known someone who was as blatant in revealing her attitudes as this grandmother?

What other conflicting emotions and feelings might one express concerning a child with a disability?

Group EE

- o People are unused to seeing disabled people in the world around them.
- o People feel vulnerable when they see a group of children who are disabled.
- o Fear of the unknown is aroused when people are forced to confront disability.
- o People often tend to discount the feelings of the disabled.
- o People often discount the feelings of children or think that they don't understand disparaging remarks.
- o Parents of disabled children sometimes keep them hidden at home to shelter them from experiences like this one.

Questions:

What effect might an experience like this have on a child's self-image?

What can parents and teachers do when a situation like this arises?

What would prompt a person to make a remark like this?

What are some other reasons that might prompt parents to keep their disabled children hidden at home?

Group D

- o People often encourage dependence rather than independence in disabled children.
- o People try to show their concern by helping a disabled adult or child more than is necessary.
- o People often have different standards of behavior for a child who is disabled.
- o Children pick up cues on how to react to disability from the adults around them, e.g., parents and teachers.

Questions:

Should goals for a child with a disability be different from those for a nondisabled child?

How could reinforcing dependence affect Louis' self-image and future development?

Is there a connection that can be made between the socialization of girls and of disabled children? What is that connection?

What might parents do about a situation such as this?

It is a good idea to summarize the discussion before moving on to the next task:

> This discussion is just a beginning. It's not easy to talk about biases that we, or those around us, may harbor. But, if we want to eliminate these biases, the first step is to identify them. That is what we may have just begun to do. We have recognized that in many instances:
>
> - o Healthy development is more of a priority for boys than for girls
> - o People still shun those who are disabled, even if they are children
> - o Disabled people often are still hidden in our society -- partly as a protective measure
> - o Disabled children often are not allowed to develop the independence skills they will need to become functioning adults.
>
> Remember, the home, school, and community make up the young child's world. It is from these three sectors that they form their views of the world around them. Therefore, it is crucial that we, as parents, pay careful attention to that environment

and to the values it is conveying to our children

AUDIO-TAPED VIGNETTES (FORTY MINUTES)

The taped vignettes continue to help participants explore ways in which the home, school, and community combine to convey societal messages that can limit their children's potential development. Introduce the activity:

> I'm going to play several short taped vignettes that dramatize some typical situations you are all familiar with. After each vignette, I'll stop the tape and we'll discuss as a group what we have heard.

Allow about ten minutes to play and discuss each vignette. Shortly before the time is up, it is a good idea to warn participants that there is only time for one or two more comments.

VIGNETTE 1

Part A: Father (F) Calls Doctor (D)

F: Hello, Dr. Johnson? This is Dan Jolin, Sarah's father

D: Hello, Mr. Jolin. What can I do for you?

F: Well, it's Sarah. I've been taking care of the children all week; my wife is out of town. This is really the longest time I've been with the kids. Sarah seems to be a happy baby, but her reactions seem somewhat dull to me. She really isn't as active as Bill was at her age.

D: Relax, Mr. Jolin, I understand your concern. Let's see now ... Sarah's regular check-up is in three months. I promise I'll take a good look at her then. Really, relax ... I'm sure your little Sarah is

just fine. You know, girls are usually less active than boys.

F: Doctor, I don't think you understand. I'm worried about Sarah. I think there may be something wrong with her, Dr. Johnson. I think it's important. I'd like to see you as soon as possible.

D: All right. Why don't you come in a week from Wednesday at two o'clock. Is that soon enough?

F: That will be fine. Thank you so much, Dr. Johnson. I'll see you next week.

Part B: Mother (M) Calls Doctor (D)

M: Hello, Dr. Johnson? This is Janet Keith, Annie's mother.

D: Yes, Mrs. Keith. What can I do for you?

M: Well, it's Annie. I'm worried about her. She seems to be a happy baby, but her reactions seem somewhat dull to me. She really isn't as active as Billy was at her age.

D: Relax, Mrs. Keith. Let's see now ... Annie's regular check-up is in three months. I'll take a good look at her then. Really, relax. I'm sure your little Annie is just fine. You know, girls are usually less active than boys.

M: Doctor, I don't think you understand. I am worried about Annie. I think there may be something wrong with her. I'd like to see you as soon as possible.

D: Mrs. Keith, I don't think you understand. If I remade appointments for every over protective, overly anxious, worried mother, my schedule would be chaotic. Really, relax. I'll see you in March.

Feedback

Typical comments you can expect to hear are, "I'd change doctors," or "He sounds just like my doctor." You may want to remind participants that it is not always easy to change doctors, especially in clinic or rural situations. If participants don't recognize the sexism in the vignettes, ask some questions that will cue them:

- o What did you notice about the way the doctor responded to the call from the father as opposed to the call from the mother?
- o What did you think about his remark that girls are usually less active than boys?
- o What are the dangers of such thinking?
- o If you were the mother and could not change doctors, how might you handle his refusal to see you?
- o Why do doctors so often put down mothers' concerns or observations regarding their own children?
- o What can be done to change attitudes like these?

VIGNETTE 2

Briefly introduce the next pair of vignettes: "Now let's look into another typical situation parents might encounter."

Part A: Parent-Teacher Conference between Ms. Greene (Ms. G), Mr. Eldridge (Mr. E), and Ms. Eldridge (Ms. E)

Ms. G: Hello, Mr. and Mrs. Eldridge, I'm Mrs. Greene, Richy's teacher.

Mr. E: Hello, Mrs. Greene.

Ms. E: Glad to meet you.

Ms. G: I know these conferences are hard on parents. I guess they represent the first time your children are being assessed outside

of the family.

Mr. E: That's really true. How's Richy doing?

Ms. E: Is his work at grade level? You read so much in the papers these days about kids not being up to grade level.

Ms. G: Well, to tell you the truth, he's not; and I am a bit worried about him.

Mr. E: Oh, oh, we were afraid of that.

Ms. E: At home he seems upset about school. He really resists his homework, which seems too hard for him, simple as it is in first grade.

Ms. G: I'll tell you what I'd like to do. I'd like to have you make arrangements to have Richy thoroughly evaluated. The school psychologist will be glad to make some inquiries and give you references for qualified people. We want to get to the bottom of this problem quickly and get Richy the help he needs. Usually, if a learning disability is caught early enough, we can teach children methods that will compensate for it and keep them moving along quite well.

Ms. E: Thank you for spotting Richy's problem so quickly Mrs. Greene. We'll be in touch with the school psychologist tomorrow. By the way, how is his behavior?

Mr. E: Is he behaving himself?

Ms. G: Well, his behavior, which is pretty disruptive, is what clued me into looking more closely at his work. Of course we all know that boys are more restless in school than girls, but still when one is as constantly restless as Richy who can't ever settle down and do his work, and let others do theirs, it's a sign of a learning

problem. When you have been teaching as many years as I have -- you get pretty savvy.

Mr. E: Mrs. Greene, thanks for all your help. We'll have Richy tested right away. Good night.

Ms. E: Good night. Thanks.

Ms. G: Good night.

Part B: Parent-Teacher Conference between Ms. Bradley (Ms. B.) and Ms. Jackson (Ms. J)

Ms. B: Good evening, Mrs. Jackson. I'm Mrs. Bradley, Jane's teacher.

Ms. J: Hello. I'm sorry my husband couldn't make this first conference -- he had to work late.

Ms. B: That's all right. I understand. Fathers seldom do make these first grade conferences -- too busy or too tired.

Ms. J: Well, I work long hours too, but Jane's progress in school is pretty important to me. How's she doing?

Ms. B: She's just fine. She is a very quiet child, and she never causes any trouble like some of the others, especially those little six-year-old boys. They are really something else!

Ms. J: Does Jane seem to have friends? She is quiet at home, also, and she spends most of her time alone.

Ms. B: Well, she does spend most of her time alone in school, too, unless I coax her into a game at recess. Her coordination seems a little off for her age. Why don't you try to arrange some afterschool dates for her with the other girls?

Ms. J: How is her work progressing?

Ms. B: She's a little slow at catching on, but I wouldn't worry about it. She's young, and each child has a different learning pace, you

know.

Ms. J: Maybe I should take her for some tests or something. I have noticed that she doesn't seem as lively or interested in things as the other little girls in our apartment building, but I wasn't sure if it was just her quiet nature.

Ms. B: It probably is, and I wouldn't worry about it yet. I'm sure she'll be just fine. It's only the beginning of first grade, and lots of little girls I've taught act just like Jane.

Ms. J: Well, I'll take your advice. You're much more experienced with kids than I am. Thanks and good night.

Ms. B: Good night, Mrs. Jackson. By the way, did I tell you that Jane is adorable? I just love the cute outfits she wears to school.

Feedback

As in the previous discussion, if parents do not recognize the sexist attitudes implied in the vignettes, ask some questions to focus them on the major themes.

- o Why were the teachers' attitudes in the two vignettes so different?
- o Have any of you ever experienced an incident where you knew the teacher was reacting to your child according to stereotyped sex-role expectations?
- o What are some of the implications of teacher attitudes for the children in each of these vignettes?
- o What do you think you would do if you were a parent in either vignette?
- o Did you react to the first vignette more positively than the

second? Why?

- How did you feel about the second teacher's response to the father's absence?

Again, allow about ten minutes for discussion and give participants a warning a few minutes before the time is up.

VIGNETTE 3

Telephone Conversation between Karen (K) and Eve (E) about Their Daughters' First Day in Kindergarten.

K: Hi, Eve. How did Heather like kindergarten?

E: She loved it. What a difference from Tommy's first day. He cried all morning, and I had to stay with him.

K: I had to stay with Janey for about an hour. Say, does Heather have any disabled kids in her class?

E: Yes, all the kindergartens do this year. I think it's called mainstreaming.

K: Something like that. Janey has two of them in her group, and they look pretty strange to me. I think they are retarded. I wonder if that was why she seemed a little scared.

E: I doubt that, Karen. Janey was probably scared because she didn't go to preschool, and she's never been away from you before.

K: That's true enough. Still, I wish she didn't have to be exposed to those kids at such an early age. There's plenty of time to learn about life's tragedies when you're older.

E: You know what, I don't agree with you. Heather has two disabled kids in her class too. One looks like she might have cerebral palsy, and the other one must be deaf because he wears two hearing aids and a

battery thing on a harness across his chest. I'm kind of glad she's getting to know these kids right at the beginning of school. After all, they're just kids who happen to be disabled, and I want Heather to grow up knowing all kinds of people in this world, including people with disabilities.

K: Well, you're much braver than I am. I still like to protect Janey from the harshness of life, but I guess now that she's in school, it will be much harder to do that.

E: That's right. Try to think of it this way. How would you feel if it was your kid who was disabled and other parents didn't want her in school? I really think it's a good idea, this mainstreaming. By the way, maybe after the kids are adjusted, we can carpool and take turns dropping them off at school on our way to work. Think about it, and I'll call you in a couple of days. Bye.

K: Sounds like a good idea. Bye.

Feedback

After this vignette, help parents explore how their own attitudes toward disability can influence their children's attitudes. Also, the effect (both positive and negative) that peers can have on shaping attitudes. You might also want to touch on the concept of being "temporarily able-bodied," which means that anyone can become disabled at any time through accident or illness.

Some questions you might ask:

- o What effect do you think each mother's attitude might have on her daughter's attitude toward disability?
- o Have you ever confronted the possibility that you or someone close to you could become disabled?

o Do you think Eve's attitude toward mainstreaming can help Karen to open up her views?

Sum up the feedback before moving into the final segment of the workshop.

These vignettes have dramatized some of the ways in which societal attitudes regarding sex and disability can affect children's development and education. Did you know that many more boys than girls are referred and treated for mental and emotional causes? By the way, they also predominate in programs for the gifted. Can it be that the expectations for boys' intellectual development is greater than for girls -- so girls are referred less frequently? (Gillespie, Patricia H., and Fink, Albert H. "The Influence of Sexism on the Education of Handicapped Children." Exceptional Children 46,3 (Nov. 1974): 159.) Some researchers think this is so, and I'd like all of you to give it some thought after you leave this workshop. I'd also like you to think about the way children pick up our attitudes. In the last vignette, for example, if Janey's mother thinks her child is uncomfortable in kindergarten because of two disabled children, there is a pretty strong chance that before long Janey will think so too!

We all know that the questions we have raised here are too complex for quick and easy answers. All any of us can do is begin to think about them and become more cognizant about how our own attitudes and those of the poeple around us influence the lives of our children -- sometimes in very critical ways.

MINI-LECTURE (TEN MINUTES)

Use the final segment of the workshop to restate the points made on the chart and the strips used in the beginning:

> Let's go back to the chart and strips I mounted at the beginning of this workshop, because they contain such key points about the healthy development of all children.

Point to the chart and strips and quickly read them to the participants.

> During this workshop we have been discussing some of the ways in which the home, the school, and the community can limit children, rather than help them build healthy self-images and realize their potentials. For the most part, none of us limits children intentionally, but virtually all of us have been socialized to:
>
> - Think of girls and boys very differently
> - Be uncomfortable around people who have disabilities
> - Think of doctors, and sometimes teachers, as authorities who cannot be confronted or even questioned
> - Be uncomfortable when disagreeing with or confronting extended family members.
>
> Also, we are all usually so busy juggling our myriad responsibilities that we don't have much time to think about deeper issues such as those we have been discussing here. Let's take these last few minutes to think about some of the things we, as parents, can do to extend our children's world view.

Lead the participants in a discussion about changes in attitudes and home, school, and community policies that they might be able to

influence. Again, if they don't readily come up with ideas of their own, ask some key questions to stimulate thinking.

- o Is your child's school mainstreamed?
- o Is it accessible so that it could be mainstreamed?
- o Could you help to arrange visits into the community to see disabled adults at work?
- o What are the names of some advocacy groups for the disabled?
- o What are the names of some parent support groups concerning children with disabilities?
- o What are some strategies parents can use to combat sexism in their children's school?
- o How can parents help extended family members understand that they do not want limiting attitudes passed on to their children?

MATERIALS

Cards for R.E.E.D. warm-up, see Section Four.

AUDIO-TAPED VIGNETTES

Vignette 1

Part A: Father (F) Calls Doctor (D)

F: Hello, Dr. Johnson? This is Dan Jolin, Sarah's father.

D: Hello, Mr. Jolin. What can I do for you?

F: Well, it's Sarah. I've been taking care of the children all week; my wife is out of town. This is really the longest time I've been with the kids. Sarah seems to be a happy baby but her reactions seem somewhat dull to me. She really isn't as active as Bill was at her age.

D: Relax, Mr. Jolin, I understand your concern. Let's see now ... Sara's regular check-up is in three months. I promise I'll take a good look at her then. Really, relax ... I'm sure your little Sarah is just fine. You know, girls are usually less active than boys.

F: Doctor, I don't think you understand. I'm worried about Sarah. I think there may be something wrong with her, Dr. Johnson. I think it's important. I'd like to see you as soon as possible.

D: All right. Why don't you come in a week from Wednesday at two o'clock. Is that soon enough?

F: That will be fine. Thank you so much, Dr. Johnson. I'll see you next week.

Part B: Mother (M) Calls Doctor (D)

M: Hello, Dr. Johnson? This is Mrs. Keith.

D: Yes, Mrs. Keith. What can I do for you?

M: Well, it's Annie. I'm worried about her. She seems to be a happy baby, but her reactions are somewhat dull to me. She really isn't as active as Billy was at her age.

D: Relax, Mrs. Keith. Let's see now .. Annie's regular check-up is in three months. I'll take a good look at her then. Really, relax. I'm sure your little Annie is just fine. You know, girls usually are less active than boys.

M: Doctor, I don't think you understand. I am worried about Annie. I think there may be something wrong with her. I'd like to see you as soon as possible.

D: Mrs. Keith, I don't think you understand. If I remade appointments for every over protective, overly anxious, worried mother, my schedule

would be chaotic. Really, relax. I'll see you in March.

VIGNETTE 2

Part A: Parent-Teacher Conference between Ms. Greene (Ms. G), Mr. Edlridge (Mr. E), and Ms. Eldridge (Ms. E).

Ms. G: Hello, Mr. and Mrs. Eldridge, I'm Mrs. Greene, Richy's teacher.

Mr. E: Hello, Mrs. Greene.

Ms. E: Glad to meet you.

Ms G: I know these conferences are hard on parents. I guess they represent the first time your children are being assessed outside of the family.

Mr. E: That's really true. How's Richy doing?

Ms. E: Is his work at grade level? You read so much in the papers these days about kids not being up to grade level.

Ms. G: Well, to tell you the truth, he's not; and I am a bit worried about him.

Mr. E: Oh, oh, we were afraid of that.

Ms. E: At home he seems upset about school. He really resists his homework, which seems too hard for him, simple as it is in first grade.

Ms. G: I'll tell you what I'd like to do. I'd like to have you make arrangements to have Richy thoroughly evaluated. The school psychologist will be glad to make some inquiries and give you some references for qualified people. We want to get to the bottom of this problem quickly and get Richy the help he needs. Usually, if a learning disability is caught early enough, we can teach the child methods that will compensate for it and keep them moving along quite well.

Ms. E: Thank you for spotting Richy's problem so quickly, Mrs. Greene. We'll be in touch with the school psychologist tomorrow. By the way -- how is his behavior?

Mr. E: Yes, is he behaving himself?

Ms. G: Well, his behavior, which is pretty disruptive, is what clued me into looking more closely at his work. Of course we all know that boys are more restless in school than girls, but still when one is as constantly restless as Richy who can't ever settle down and do his work, and let others do theirs, it's a sign of a learning problem. When you have been teaching as many years as I have -- you get pretty savvy.

Mr. E: Mrs. Greene, thanks for all your help. We'll have Richy tested right away. Good night.

Ms. E: Good night. Thanks.

Ms. G: Good night.

Part B: Parent-Teacher Conference between Ms. Bradley (Ms. B) and Ms. Jackson (Ms. J.)

Ms. B: Good evening, Mrs. Jackson. I'm Mrs. Bradley, Jane's teacher

Ms. J: Hello. I'm sorry my husband couldn't make this first conference -- he had to work late.

Ms. B: That's all right. I understand. Fathers seldom do make these first grade conferences -- too busy or too tired.

Ms. J: Well, I work long hours too, but Jane's progress in school is pretty important to me. How's she doing?

Ms. B: She's just fine. She is a very quiet child, and she never causes any trouble like some of the others, especially those little

six-year-old boys. They are really something else!

Ms. J: Does Jane seem to have friends? She is quiet at home, also, and she spends most of her time alone.

Ms. B: Well, she does spend most of her time alone in school, too, unless I coax her into a game at recess. Her coordination seems a little off for her age. Why don't you try to arrange some after-school dates for her with the other girls?

Ms. J: How is her work progressing?

Ms. B: She's a little slow at catching on, but I wouldn't worry about it. She's young and each child has a different learning pace, you know.

Ms. J: Maybe I should take her for some tests or something. I have noticed that she doesn't seem as lively or interested in things as the other little girls in our apartment building, but I wasn't sure if it was just her quiet nature.

Ms. B: It probably is, and I wouldn't worry about it yet. I'm sure she'll be just fine. It's only the beginning of first grade, and lots of little girls I've taught act just like Jane.

Ms. J: Well, I'll take your advice. You're much more experienced with kids than I am. Thanks, and good night.

Ms. B: Good night, Mrs. Jackson. By the way, did I tell you that Jane is adorable? I just love the cute outfits she wears to school.

VIGNETTE 3

Telephone Conversation between Karen (K) and Eve (E) about Their Daughters' First Day in Kindergarten.

K: Hi, Eve. How did Heather like kindergarten?

E: She loved it. What a difference from Tommy's first day. He cried all morning, and I had to stay with him.

K: I had to stay with Janey for about an hour. Say, does Heather have any disabled kids in her class?

E. Yes, all the kindergartens do this year. I think it's called mainstreaming.

K: Something like that. Janey has two of them in her group, and they look pretty strange to me. I think they are retarded. I wonder if that was why she seemed a little scared.

E. I doubt that, Karen. Janey was probably scared because she didn't to to preschool, and she's never been away from you before.

K. That's true enough. Still, I wish she didn't have to be exposed to those kids at such an early age. There's plenty of time to learn about life's tragedies when you're older.

E. You know what, I don't agree with you. Heather has two disabled kids in her class too. One looks like she might have cerebral palsy, and the other must be deaf because he wears two hearing aids and a battery thing on a harness across his chest. I'm kind of glad she's getting to know these kids right at the beginning of school. After all, they're just kids who happen to be disabled, and I want Heather to grow up knowing all kinds of people in this world, including people with disabilities.

K: Well, you're much braver than I am. I still like to protect Janey from the harshness of life, but I guess now that she's in school, it will be harder to do that.

E. That's right. Try to think of it this way. How would you feel if it was your kid who was disabled and other parents didn't want her in school? I really think it's a good idea, this mainstreaming. By the way, maybe after the kids are adjusted, we can carpool and take

turns dropping them off at school on our way to work. Think about it, and I'll call you in a couple of days. Bye.

K: Sounds like a good idea. Bye.

CHART FOR MOUNTING

"Inclusionary" School and Home Environments

Encourage Girls and Boys to:

- o develop full intellectual, physical, and emotional potential regardless of sex, race, and/or disability
- o learn through experiences that are not limited according to traditional sex roles
- o enlarge their range of experience to include many racial and cultural groups besides their own
- o understand, respect, and appreciate human differences
- o expand their world view to include adults and children with disabilities.

MOUNTING STRIPS

- o Expand the options for all children
- o Acquaint them with the realities of the world around them
- o Enhance the self-image of each individual child

REPRODUCIBLE TASK CARDS

Discussion Stimulators

GROUP R TASK CARD

A mother who has just learned that her child has Down's Syndrome calls the child's grandmother to tell her the news. The following conversation ensues:

G: Well, what did the doctor say?

M: Well, mom, he told me that everything has been confirmed. Elsie has Down's Syndrome. You know, that's another term for what they used to call "Mongoloid," and it means that she will be retarded and probably have other problems goo.

G: Oh, my dear. Now try to calm down. Don't go to pieces. It will be all right. Think of it this way ... Thank God at least that she's a girl, because if she had been a boy, it would really have been a tragedy!

Discuss this situation together and be prepared to report your reaction to the whole group.

GROUP EE TASK CARD

A group of preschool children who have been diagnosed as legally blind were excited because they were going on a trip to visit a department store Santa Claus near their school. While the children were waiting on line for their turn to talk to Santa Claus, they overheard a person behind them say -- "They shouldn't bring those blind children here -- it spoils Christmas for everyone."

Discuss this situation together and be prepared to report your reactions to the whole group.

GROUP D TASK CARD

A teacher went to visit Louis, a five-year-old former student who had an orthopedic disability, after he "graduated" from a disability specific preschool into a mainstreamed kindergarten. Louis always had been independent, articulate, outgoing, and physically active in preschool. During the visit, however, he was found being wheeled around in a doll carriage making infant noises. When his former teacher discussed this behavior with his current teacher, this was the reply: "Oh, the children love Louis, we all do, and this is how we show it."

Discuss this situation together and be prepared to report your reactions to the whole group.

WORKSHOP EVALUATION

You can help us to improve today's workshop by providing the information requested below. Please do not put your name on this form. Your answers will be anonymous and confidential. Thank you for your help.

Part I. Rate each statement in Part I by circling a single number on a scale from one to seven. For example, if you strongly disagree with the statement, circle 1. If you strongly agree, circle 7. Circle 2, 3, 4, 5, or 6 to indicate a position between the two extremes.

	Rating Scale: circle only one number for each statement.						
	Strongly disagree			Neither agree nor disagree			Strongly agree
1. The workshop helped me become aware of the benefits of "inclusionary" child rearing.	1	2	3	4	5	6	7
2. The workshop helped me to realize that the home, school, and community together teach children attitudes, and that I play an important role in what they learn.	1	2	3	4	5	6	7
3. The use of discussion stimulators during the workshop was effective.	1	2	3	4	5	6	7
4. The small group discussions that occurred during the workshop were worth while.	1	2	3	4	5	6	7

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	Strongly disagree			Neither agree nor disagree			Strongly agree
5. The whole group discussions that occurred during the workshop were worth while.	1	2	3	4	5	6	7
6. The workshop helped me to realize that I can become an advocate for change.	1	2	3	4	5	6	7

Comments: _____

_____

_____

_____

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Part II. Fill in the information requested below.

What parts of the workshop were the most valuable? Why?_____

_____

_____

_____

Is there any part of the workshop that should be changed? Why?_____

_____

_____

_____

Do you think your attitude toward disability changed as a result of today's workshop? If yes, describe.

_____

_____

_____

Additional comments_____

_____

Part III. Finally, we would like you to answer two more questions about yourself and fill in today's date.

Sex (please circle) Female Male

Work_____

Today's date_____

APPENDIX I

RESOURCES: CREATING AN INCLUSIONARY EARLY CHILDHOOD CLASSROOM ENVIRONMENT

There are few "inclusionary" early childhood resources. Books, posters, classroom materials, and toys that are nonsexist, multiracial/ethnic, and contain images of disabled children and adults interacting with the world around them are rare indeed.

There are some picture books about children with disabilities, but, for the most part, they show a child in isolation and focus mainly on her or his disability. There are a few posters that feature disabled children and young adults, but, once again, the people are shown alone and are depicted in stereotypic ways. In some materials, the advertising and packaging are offensive.

In other words, one must choose very carefully from what is available. One must be prepared to use materials selectively, adapt and/or edit, and in some cases, to remove the packaging. In addition, it is necessary to advocate for change by writing to manufacturers and publishers to make them aware of the demand for inclusionary early childhood materials.

The following list contains resources that can be used to create an inclusionary early childhood classroom environment. They have been divided into two categories: "recommended" and "others." The annotation describes the material and, in the case of the "others" listing, the reservations of our reviewers.

TOYS

RECOMMENDED

All About Me and Let's Be Friends, Book and Record Sets

Picture books and accompanying cassettes (or 45 rpm records) consist of an original "Miss Jackie" song (sheet music on back page). The black-

and-white photographs by David Giveans are nonsexist, multiracial, and inclusive of the disabled. (Gryphon House, Inc., 3706 Otis St., P. O. Box 217, Mt. Ranier, MD 20822; 1-800-638-0928)

First Reading Sets

Two sets for early readers (k-3) contain a twelve-page book and four lotto boards with matching cards -- all illustrated with full-color photographs. The lotto boards repeat the illustrations and a key vocabulary word from the book on one side, and written text on the other. First Reading About My Family depicts family scenes, each narrated by a child, representing a variety of racial/ethnic family groups. First Reading About My School features multiracial/ethnic, nonsexist views of school. Includes rural, urban, and suburban children in day care, special educational, and elementary school settings. (Milton-Bradley Co., Educational Division, Springfield, MA 01101)

I Am, I Can, I Will, Books and Audio Cassettes

Five 8" x 8" picture books and fifteen audio cassettes, created by Mr. Rogers with his usual sensitivity to children's needs, are about feelings, differences, and the senses. Especially recommended are Danny's Song, about a boy on crutches, which stresses the many things he does well and deals with the frustrations caused by having to do some things more slowly; and Who Am I? which shows a little girl who is hearing impaired playing, loving her family, and learning. The title words, "Who Am I?" are the only words in the book, and they appear periodically throughout the text. The books are full color, nonsexist, multiracial, and inclusive. Video tapes and films on similar topics are also available. (Hubbard, P. O. Box 104, Northbrook, IL 60062)

Hospital Play Equipment

A set of wooden hospital equipment scaled 2" to 1" includes a well-designed I-V stand, rolling cart, x-ray table, and wheelchair, plus a linen set, a rag doll patient, and a stethoscops. (Victor C. Dye, The Hospital Play Equipment Co., 1122 Hudson Ave., Evanston, IL 60202)

New Friends

This program includes a do-it-yourself pattern for making a life-size rag doll (smaller than a three-year-old), which can be adapted to depict several different disabilities; and a manual containing key concepts, sample dialogs, and correlated curricular activities. (The Chapel Hill Training Outreach Project, Lincoln Center, Merritt Hill Rd., Chapel Hill, NC 27514; 919-967-8295)

Sign Blocks

A set of 1¼" alphabet blocks printed with letters, and the corresponding finger signs are made of smooth wood and nontoxic paint. (Sign Blocks, 1203 River Rd., Edgewater, NJ 07020)

Special Friends

A set of eight stuffed animals that have disabilities include an elephant with a hearing aid, a bear with a prosthesis for one leg, and a monkey with cerebral palsy who is in a wheelchair. (Special Friends, 418 Walker St., Lowell, MA 01851)

Tuzzles

Foam-filled, cloth touch puzzles are suitable for children from infancy onward. Each puzzle is covered in a bright calico print on one side, with a solid, contrasting fabric of different texture on the other. Three basic designs each contain two removable shapes: circle/square, circle/triangle, triangle/square. Made by disabled workers in Haiti. (Eye Care, Inc., 523 8th St., S.E., Washington, D.C. 20003)

OTHERS

Keep Quiet

A crossword cube game. The sign letter alphabet is drawn on wooden cubes and is used to make words in a crossword puzzle fashion. It is pirmarily for ages seven and up, but preschoolers could use it to make designs, to become familiar with signs, and to make simple words. The package, however, talks about "secret" organizations, "elite" language for your club, and other exclusionary messages. Recommended only if removed from the package and placed in a plain box or plastic bag. (Sign Language Store Catalog; 9420 Reseda Blvd., P. O. Box 4440, Northridge, CA 91328)

POSTERS AND PHOTOS

RECOMMENDED

Feeling Free Posters

A set of three full-color posters of active children who are disabled, including views or ramps, with children on a variety of wheeled vehicles, including a wheelchair, enjoying themselves; all kinds of children with disabilities interacting; and situations in which nondisabled children explore feelings about disability. (Human Policy Press, P. O. Box 127, Syracuse, NY 13210)

Resource Photos for Mainstreaming

Two sets of black-and-white, 11" x 14" photographs provide children with positive role models of people with disabilities. The adult set shows people with disabilities in work, family, and recreational scenes. The children's set depicts children with disabilities in typical classroom activities. Also included in the children's set is a four-picture poster of a family in which the mother is disabled. (Non-Sexist Child Development

Project, Women's Action Alliance, Inc., 370 Lexington Ave., New York, NY 10017)

Another version of the Resource Photos for Mainstreaming Children's Set contains eight sepia-toned photo posters plus a teaching guide. (Instructo/McGraw-Hill, 18 Great Valley Pky., Malvern, PA 19355)

Side by Side

One side of this poster from a mainstreamed program for preschool children in Franklin County, MA, depicts various children from the program and gives some basic information. The other side has a delightful picture of one child pushing another child's wheelchair and the words "Side by Side." The accompanying notebook contains photos from the program, explanatory material, and excerpts of children's writings about their school. There is no charge for single copies of the poster and booklet. (Franklin County Education Collaborative, 64 North St., Greenfield, MA 01301)

OTHERS

Exceptional Children

A set of twelve 14" x 20" full-color posters of children with disabilities. The photos are multiracial, and they do show children with a variety of disabilities in school settings. But the children are shown alone or with a teaching adult rather than interacting with their peers. There is one photo of a man walking behind a blind girl with a cane that looks as if it had been resurrected from a 1950s set and inserted in this one. Developed by a division of DLM: (Argus Communications, 7740 Natchez, Niles, IL 60648)

Teen Scenes

The set contains twelve 12" x 18" full-color posters of teenagers with disabilities. While the posters are multiracial, in general they depict stereotypic roles for females and males. Also, except for one or two, they tend to show the person in isolation or doing the kind of "busy" work that is often associated with "training" the disabled. (DLM, 7740 Natchez Ave., Niles, IL 60648)

NEWSLETTERS

Equal Play

This newsletter is a resource for people who are guiding young children beyond stereotypes. Two back issues -- Vol. I, No. 1, Winter 1980 and Vol. II, Nos. 1 and 2, Winter/Spring 1981 -- are devoted to issues of inclusion. (Non-Sexist Child Development Project, Women's Action Alliance, Inc., 370 Lexington Ave., New York, NY 10017)

Interracial Books for Children Bulletin

The Vol 13, Nos. 4 and 5, 1982 issue is devoted primarily to a five-year update on handicapism in children's books. More than fifty titles are reviewed for beginning to older readers. This issue also contains "Guidelines on Disability" and a list of recommended books. An excellent resource. (Council on Interracial Books for Children, Inc., 1841 Broadway, New York, NY 10023)

Sesame Street Parent's Newsletter

The June 1982 issue of this monthly newsletter (Vol. 2, No. 4) has a good down-to-earth article about how to help a nondisabled child understand disabilities. The authors do refer to the parent as "she," but at least they do not refer to the child as "he." Sesame Street, in

general, has made a real effort to be inclusive in its programming. (Sesame Street Parent's Newsletter, P. O. Box 2889, Boulder, CO 80322)

PROJECTS

The Kids Project

This puppet education program is designed to teach children about a variety of disabilities. Puppeteers trained by the project bring 3½' puppets to schools and conduct shows that feature disabled people at work and play. The audience creates a dialog with the puppets. Created by Barbara Aiello, a special education teacher, the puppets originated in Washington, D.C., as "The Kids on the Block." Many school systems nationally have the program available. (Kids on the Block, Suite 5105, Washington Building, Washington, D.C. 20005; or, The Kids' Project, NYS Office of Mental Retardation and Developmental Disabilities, 44 Holland Ave., Albany, NY 12229)

The KIDS Project, Inc.

In this project, KIDS stands for Keys to Introducing Disability in Society. This training program, staffed by disabled and nondisabled people and funded by the California Department of Education, Office of Special Education and Rehabilitation Services, offers awareness training about disabilities to school personnel and children from kindergarten through sixth grade. Current work involves training teams of disabled and nondisabled people to implement the disability awareness curricula formerly developed by the Project. The Project offers for sale a resource guide and a coloring book featuring disabled people in everyday situations. (The KIDS Project, Inc., Whittier School, 1645 Milvia St., Berkeley, CA 94709)

Non-Sexist Development Project

This project has been a major resource for nonsexist, multiracial materials and curriculum since 1972. It has been advocating for inclusion of images of the disabled in children's materials since 1975 and has developed such early childhood materials. (Non-Sexist Child Development Project, Women's Action Alliance, Inc., 370 Lexington Ave., New York, NY 10017)

RAPS (Resource Access Projects)

There are fifteen RAPS located in the ten federal regions across the country. As resources for the Head Start mainstreaming effort, the RAPS provide training, technical assistance, and resources. For additional information contact the RAP in your state. (Administration for Children, Youth and Families, Head Start Bureau, Washington, D.C. 20024)

TOY LENDING LIBRARIES

A network of toy lending libraries, featuring toys adapted to the needs of children with disabilities, is emerging nationally. Facilities for borrowing toys on a two-week basis now exist in Rye, NY (serving the New York, New Jersey, Connecticut area); Rochester, NY, Rockville, MD, Sacramento, CA, Bloomfield, CT, Youngstown, OH, and eighteen sites in Nebraska. Evanston, Illinois, has a play therapy program connected to its Lekotek Toy Library. (Sally De Vincentis, Lekotek, 613 Demster St., Evanston, IL 60201)

DISTRIBUTORS

Gryphon House, Inc., is committed to supplying educators with non-sexist, multiracial and, more recently, inclusionary books. They provide prompt, courteous service and have a comprehensive collection of quality

books for children and teachers. (Gryphon House, Inc., Early Childhood Books, 3706 Otis St., P. O. Box 217, Mt. Ranier, MD 20822)

Human Policy Press

A major resource for pamphlets, books, posters, etc., on disability; for the most part their materials are nonsexist, multiracial, and of very high quality. (Human Policy Press, P. O. Box 127, Syracuse, NY 13210)

CHILDREN'S BOOKS

When Project R.E.E.D. conducted a literature search in 1981, it set five criteria for children's books about disability: 1) interesting plot, 2) disability as a secondary theme, 3) inclusion of adults with disabilities, 4) males and females in nontraditional roles, and 5) multiracial. No children's book about disability that was reviewed met all the criteria. An annotated list of those that met at least three criteria follows.

Children's Television Workshop. Sesame Street Sign Language Fun. New York: Random House/Children's Television Workshop, 1980. As the muppets act out simple sentences, Linda Bove, a member of the National Theatre of the Deaf, illustrates the signs. Most illustrations are nonsexist, but some words are not, e.g., "policeman." This is, however, the simplest sign language book around and it is enjoyable.

Clifton, Lucille. My Friend Jacob. New York: E. P. Dutton, 1980. Illustrated by Thomas DiGrazia.

The story of two friends -- an eight-year-old boy, Sam, and his retarded seventeen-year-old friend, Jacob -- focuses on the friendship, the activities the boys share, and the things they do for each other. The multiracial illustrations are soft black-and-white sketches.

Fassler, Joan. Howie Helps Himself. Chicago: Albert Whitman & Co., 1975. Illustrated by Joe Lasker.

Howie, a little boy in a wheelchair, learns self-reliance in his nonsexist, multiracial classroom. Colorful illustrations and an interesting plot.

Greenfield, Eloise. Darlene. New York: Methuen, 1980. Illustrated by George Ford.

A little girl Darlene, who is in a wheelchair, is feeling homesick while spending a morning with her uncle and cousin. Darlene resists her cousin's attempts to play with her, but finally becomes absorbed in games and in her uncle's guitar playing. In typical fashion, when Darlene's mother arrives, Darlene doesn't want to go home. Darlene is outstanding because the child's disability is secondary to the plot; it shows a positive view of a black family; and has a male caregiver as a main character.

Lasker, Joe. He's My Brother. Chicago: Albert Whitman & Co., 1974. Illustrated by the author.

The story of Jamie, a slightly retarded boy, as told by his brother, balances the things Jamie can do well with the things he is slow in doing. It deals with the frustration, hurt, and anger that Jamie experiences, as well as the joys he feels. A combination of softly-colored and black-and white illustrations set a contemporary but gentle tone for this realistic, nonsexist, and multiracial book.

Lasker, Joe. Nick Joins In. Chicago: Albert Whitman & Co., 1980. Illustrated by the author.

The story deals with the apprehensions of a little boy who is going into a mainstreamed setting for the first time, as well as the concerns

of the other children. It shows how Nick's school prepared for his arrival by building a ramp and getting a desk that can accommodate his wheelchair. The pictures are nonsexist and multiracial. Sometimes Nick is shown interacting with his classmates, but several illustrations show him unnecessarily isolated. At the end, Nick becomes a hero when he rescues the class ball from a ledge. Unfortunately, in order to feel good about what he has done, Nick has to imagine he can fly. The last illustration shows him fantasizing he is Superman.

Litchfield, Ada B. A Button in Her Ear. Chicago: Albert Whitman & Co., 1976. Illustrated by Eleanor Mill.

Angela, who is hearing impaired, describes how she misinterprets what she hears until she gets a hearing aid. When her parents take her to the doctor, he refers them to a hearing specialist, Dr. Brown, who is a black woman. Angela plays baseball and is friends with boys and girls. The softly-colored and black-and-white illustrations are multiracial.

Litchfield, Ada B. Words in Our Hands. Chicago: Albert Whitman & Co., 1980. Illustrated by Helen Cogan Cherry.

This rare story about three children who have deaf parents discusses the many forms of communication deaf people use, e.g., finger spelling, sign language, speech, and lip reading. It deals realistically with the family's move to a new town and with the increased unease they feel because the parents are deaf. This is a long, involved book for young children and probably needs to be "talked."

Simon, Norma. All Kinds of Families. Chicago: Albert Whitman & Co., 1976. Illustrated by Joe Lasker.

All kinds of families doing all kinds of things are depicted in soft, warm, color drawings. Included in family scenes are a boy in a wheelchair and an older person with a cane. Scenes of a funeral, a wedding,

and a visit to a parent in jail are interspersed with picnic scenes, Christmas scenes, and other traditional family activities. This nonsexist and multiracial book is enjoyable for children and the adults who read to them. (Although this book was not reviewed during Project R.E.E.D.'s literature search, our reviewers thought it was of such high quality it should be included as a resource.)

Stein, Sara Bonnett. About Handicaps: An Open Family Book for Parents and Children Together. New York: Walker & Co., 1974. Photographs by Dick Frank.

This book combines a simple text about handicaps for children with an explanatory text for parents (or older children). The story deals with a nondisabled child's fears as he encounters a child, Joe, who has cerebral palsy and a man with a prosthesis for an arm and hand. It also portrays the father's efforts to provide information to alleviate the child's fears. The story ends as Matthew, the nondisabled child, makes friends with Joe. The book is not multiracial and features only males, but it is interesting, forthright, and addresses important issues about disabilities in a unique format.

BOOKS ABOUT ATTITUDES

Attitudes Toward Disability.

This excellent series of pamphlets includes "The Invisible Barrier," "Free Wheeling," "Beyond the Sound Barrier," "Counterpoint," and "Dignity." (Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers, 1828 L St., N.W., Suite 704, Washington, D.C. 20036.)

Biklin, Douglas and Sokoloff, Michele (Eds.) What Do You Do When Your Wheelchair Gets a Flat Tire? New York: Scholastic Book Services, 1978.

Questions and answers about disabilities helps nondisabled people understand what it is like to be disabled. The questions are asked by

nondisabled children and answered by disabled ones. Illustrated with multiracial, active photographs.

Gleidman, John and Roth, Rilliam. The Unexpected Minority: Handicapped Children in America. New York: Harcourt, Brace, Jovanovich, 1980.

This is the seminal book about issues of disability in contemporary America. Exclusion, the focus on disability as the whole child (the "medical model"), and possibilities for far greater options are all discussed. There is, however, a major flaw in this otherwise excellent book -- the generic "he" is used throughout, which symbolizes a lack of sensitivity on the part of the authors to issues of sex roles. Although we consider this a very serious lapse, especially for a 1980 publication, in every other respect the book is excellent, and there is nothing else that addresses issues of disability so comprehensively.

Kamien, Janet. What If You Couldn't. . .? New York: Charles Scribner's Sons, 1979. Illustrated by Signe Hanson.

This informative, simply written book, which provides basic information about what it is like to be disabled, would be interesting for elementary school children who are good readers as well as adults who don't have a lot of information on this topic. The drawings show a variety of active children and adults with disabilities. (See also Newsletters section for Council on Interracial Books Bulletin listings.)

BOOKS FOR PARENTS

Featherstone, Helen. A Difference in the Family. (New York: Basic Books, 1980.

This book, written specifically for families with a disabled child, tries to cover the practical and emotional aspects of the situation. The

author is herself a parent of a disabled child, and this gives the book authenticity. There is a genuine effort to avoid sexist language -- parent usually means mother and/or father, and the generic "he" does not prevail -- although there are some lapses.

See also Newsletter section for Sesame Street Parents Newsletter and "Children's Books" section in About Handicaps by Sara Bonnett Stein.

BOOKS ABOUT MAINSTREAMING

Allen, K. Eileen. Mainstreaming in Early Childhood Education. Albany, NY: Delmar Publishers, 1980.

This is a basic book about mainstreaming, which covers causes of disabilities, legislation, teaching, curriculum, management, and working with the home and community. The pictures of children and adults interspersed throughout are multiracial/ethnic, and the children are interactive, not isolated.

Project Head Start. Mainstreaming Preschoolers. Each book in this series of eight manuals for teachers, parents, and others who work with disabled preschoolers addresses a different impairment -- hearing, visual, orthopedic, mental retardation, health, emotional, learning disabilities, and language. The manuals are informative and easy-to-read and understand. The language is nonsexist, and the children and adults depicted are multiracial/ethnic. For more information, contact your local Resource Access Project or Head Start Bureau, Administration for Children Youth & Families, Washington, D.C. 20024

Souweine, Judith; Crimmins, Sheila; and Mazel, Carolyn. Mainstreaming Ideas for Teaching Young Children. Washington, D.C.: National Association for the Education of Young Children, 1981.

Based on a program developed by the Early Education Center of the Amherst-Pelham Public Schools in Massachusetts, this approach to mainstreaming conveys respect for children and parents throughout. It speaks of the "special" and "regular" needs of children, and uses the words "child" and "children" followed by actual female and male examples and illustrations, rather than the generic "he." Filled with practical ideas about developing I.E.P.s, classroom management, and curriculum, the book conveys a positive and humane view of behavior management and includes an excellent bibliography. Highly recommended.

APPENDIX II

BACKGROUND MATERIAL

The following materials were prepared by Project R.E.E.D. staff members to assist teachers who participated in the national field testing of Project R.E.E.D. materials. They discuss the rationale for an inclusionary curriculum and give background information on several areas of disability. You may want to reproduce this information to hand out to participants who attend the workshops outlined in this manual.

AN INCLUSIONARY CURRICULUM: AN EARLY CHILDHOOD ESSENTIAL

Early childhood educators occupy a unique position in the lives of young children. It is through the preschool curriculum and the classroom environment that children form their earliest perceptions of work and of people other than family members. It is crucial, therefore, that early childhood teachers or trainers of teachers ask these questions of the environment they create for children:

- o Is it sexist or nonsexist? Are the jobs and family roles we explore stereotyped according to traditional sex roles? Does the classroom environment allow children to develop a self-image and a world view that is full of options and not limited by role expectations for either sex?
- o Do the curriculum and materials in my classroom reflect the multiracial/ethnic population of America? Do they celebrate and respect cultural differences?
- o Does the classroom environment include images as well as actual role models of adults and children with disabilities in recognition of the fact that they comprise twenty percent and ten percent of the population respectively?

An inclusionary curriculum is one that comprises all the elements described above. It is nonsexist, reflects multiracial/ethnic concerns, and is inclusive of disabled people. It integrates all three into every phase of the curriculum and reflects them in the materials the children use, the pictures that decorate the room, the trips that are planned, and the books that are chosen for the class library.

An inclusionary curriculum supports the basic tenets of sound early childhood education because it:

- o helps children understand and feel comfortable with the real world,
- o helps children develop respect for and understanding of differences,
- o helps bring disabled people into the mainstream,
- o opens the options for <u>all</u> children.

ON LANGUAGE

The words we choose communicate values: they can express prejudice or they can become a strategy to build respect. Unfortunately, standard

language usage reflects unconscious biases based on sex, race, religion, ethnicity, age, and disability. Witness "tomboy," and "sissy," "black as evil," the "inscrutable Oriental," "an old hag," and "the blind leading the blind."

One of the major goals of inclusionary classroom materials is to expand a child's world view. In doing so, it is hoped that the materials will stimulate discussion, create awareness, and expand the curriculum. It is likely, therefore, that a teacher will be faced with new questions to answer, particularly concerning the issues of disability and sex roles.

Since the language presents pitfalls even when one is on familiar ground, the following basic concepts will help make these new conversations with children more natural and rewarding. People who work with young children must choose words carefully. Although it is not easy to change one's language patterns, becoming sensitive to the biases of language can have great benefits for everyone -- teacher and child alike.

AVOIDING STEREOTYPES CONCERNING DISABILITIES

- Children's own definitions for different disabilities will give you clues to their stereotypes as well as their concerns. These definitions may reflect peer slang, e.g., "retard," and, more likely, the teachings of parents and the media. It is worth paying close attention.
- While the terms "disabled," "handicapped," and "crippled" are often used interchangeably, in fact, the latter two terms carry negative connotations. "Crippled" connotes pity toward people who have disabilities; "handicapped" is derived from "cap in hand," which connotes begging. Both "crippled" and "handicapped" indicate that the person is not a fully functioning member of society. A disability does not always present a handicap, nor is it always crippling. It may mean that the

disabled person does something differently from a nondisabled person, but with the same result and with equal participation.

- o "A person who is blind," is preferable to "A blind person." The former implies that visual impairment is only one aspect of the person, while the latter describes the blindness as the essential characteristic. An important principle to remember when describing a person with any kind of disability is "The person is an individual first." A disability is only one aspect of a person's personality; it does not define an individual.

AVOIDING SEXISM IN LANGUAGE

- o Once a synonym for "human being," "man" has gradually narrowed in meaning to become a synonym for "adult male human being" only. As one popular dictionary for children states, "A boy grows up to be a man. Father and Uncle George are both men." Therefore, to be as inclusive as possible, the following alternatives to stereotyped generics should be used:

  firefighter (not fireman), letter carrier (not mailman), construction worker (not workman), police officer (not policeman), human race (not mankind), and so on.

- o Although avoiding the generic "he" can be a disruption of normal speech patterns, it is necessary if you don't want to leave out half the human race. It's not as difficult as it may seem at first. For example,

  "What a beautiful baby. Is he a girl or a boy?" -- versus -- "What a beautiful baby -- a girl or a boy?"

- o When different versions of words (most often by the addition of suffixes) are used to explain the same job done by men and women, it leaves the unavoidable impression that the masculine form in the "norm" and that the feminine form is substandard. One of the simplest techniques in

avoiding this kind of sexism is to use the same agent-noun for both sexes. For example:

author (not author and authoress), flight attendant (not steward and stewardess), doctor (not doctor and lady doctor), usher (not usher and usherette), and actor (not actor and actress).

Notes

Barnes, Ellen; Berrigan, Carol; and Biklen, Douglas. What's the Difference: Teaching Positive Attitudes Toward People with Disabilities. Syracuse, NY: Human Policy Press, 1978.

Miller, Casey, and Swift, Kate. The Handbook of Nonsexist Writing. New York: Lippincott and Crowell, 1980.

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ON VISUAL IMPAIRMENT

A national health interview survey indicates that approximately 11.4 million people in the United States have some visual impairment, even with glasses. A "partially sighted" person is defined as someone who, with best correction, can see at 20 feet what someone with normal vision can see at between 70 and 199 feet. A "legally blind" person can see, with best correction, at 20 feet what someone with normal vision can see at 200 feet. A person with total loss of visual image through light and shadow perception is defined as "blind." People can be born blind or can become blind later in life through an accident or disease such as diabetes or glaucoma.

Wearing glasses can correct most people's less-than-average eyesight. For people who are partially sighted or blind for whom glasses may help only a little or not at all, there are a variety of aids. These include tape recorders, talking books, large print materials, magnifying glasses, and other devices such as a monocular, which is something like a telescope. Braille is a system that enables a person to read words by running her or his fingers over a line of raised dots. It is possible to take notes and write in Braille by using a slate and stylus or a Braillewriter.

For mobility aids, people who are blind commonly use sighted guides, canes, or guide dogs. The cane is usually called a long cane or prescription cane. Its length is determined by the individual user's height and length of stride; the cane is white with a red tip. People who are older than eighteen can purchase and be trained to use a guide dog.

Notes

Barnes, Ellen; Berrigan, Carol; and Biklen, Douglas. What's the Difference: Teaching Positive Attitudes Toward People with Disabilities. Syracuse, NY: Human Policy Press, 1978.

Kamien, Janet. What if You Couldn't...? A Book About Special Needs. New York: Charles Scribner's Sons, 1979.

Sense Ability. Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1828 L St., N.W., Suite 704, Washington, D.C. 20036

Statistics quoted from Sense Ability.

ON HEARING IMPAIRMENT

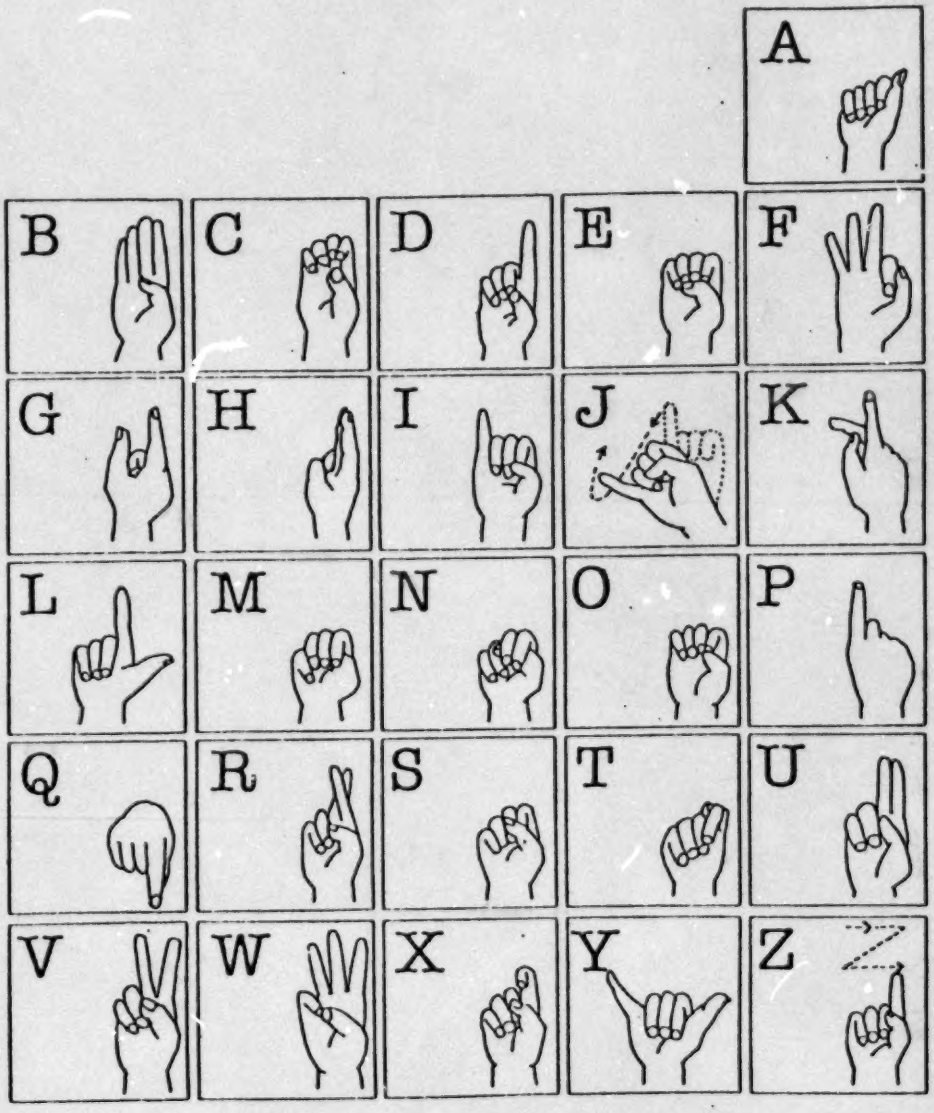
There are approximately 1.7 million individuals who are deaf living in the United States. Another 15 million Americans have partial hearing impairments, ranging from mild to profound hearing loss.

There are two major types of hearing loss: decibel and frequency. A decibel loss means that the person hears all sounds much more softly than a person with no hearing impairment. (If you turn the television down low, children can get an idea of what a decibel loss is like. They will understand the voices, but they will have to pay close attention and may become tired as a result.) With a frequency loss, a person hears some pitches better than others. For most people with a frequency loss, the higher sounds are harder to hear.

A severely hearing-impaired person can inherit her or his hearing loss or it could be the result of an accident or disease -- either before or after birth. The two primary methods of educating severely hearing impaired people are the "oral approach," which emphasizes oral speech and lipreading, and "total communication," which includes manual communication. Manual communication incorporates American Sign Language, which uses gestures as symbols for words and phrases, and finger spelling, which uses a symbol for each letter of the alphabet.

A person who is hearing impaired might also use a hearing aid, which amplifies sounds. Most hearing aids are small and fit in or around a person's ear(s). Others are attached by a wire to a battery pack that fits in a pocket, or for a young child on a special harness on the chest or back.

The Manual Alphabet



Reprinted from Barnes, Ellen; Berrigan, Carol; and Biklen, Douglas. What's the Difference: Teaching Positive Attitudes Toward People with Disabilities, Syracuse, NY: Human Policy Press, 1978.

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Kids on the Block. State of New York Office of Mental Retardation and Developmental Disabilities, 44 Holland Avenue, Albany NY 12229.

Statistics from Beyond the Sound Barrier.

ON MOTOR IMPAIRMENT

It is estimated that at least 25 million persons in the United States have mobility problems. Of these, approximately 500,000 are wheelchair users. Others use crutches, braces, walkers, canes, or are able to get around without special support.

Wheelchairs come in many sizes and shapes that are adapted to the life style of the user. They range from custom-designed models for sports activities to basic utility models for use in hospitals and airports. Crutches also come in different models; the two basic ones are the underarm crutch and the forearm, or "Canadian" crutch.

People use wheelchairs and other mobility supports because of paralysis, muscle weakness, lack of coordination, nerve damage, and/or stiffness of joints. These can be the result of a variety of disabilities, including:

- o Spinal cord injury -- caused by accidents, war, or birth defects such as spina bifida
- o Multiple sclerosis - a hardening of tissues of various areas of the brain and/or spinal cord
- o Arthritis -- inflammation of joints
- o Cerebral palsy -- disorders in the part of the brain that controls and directs movement
- o Polio -- disease of the nervous system, which has now been almost eliminated due to mass use of polio vaccine.

Notes

Barnes, Ellen; Berrigan, Carol; and Biklen, Douglas. What's The Difference: Teaching Positive Attitudes Toward People with Disabilities. Syracuse, NY: Human Policy Press, 1978.

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Kamien, Janet. What If You Couldn't...? A Book About Special Needs. New York: Charles Scribner's Sons, 1979.

Statistics quoted from Free Wheeling.

ON MENTAL RETARDATION

There are more than 6.5 million people who are mentally retarded living in the United States -- approximately 3 percent of the population. Mental retardation refers to a delayed, and sometimes limited, development in learning and social adjustment. Of all disabled people, persons with mental retardation will face some of the most severe attitudinal barriers.

A variety of factors have been reported to cause retardation, including

genetic disorders, such as Down's Syndrome, infections prenatally or in infancy, e.g., German measles, brain damage from toxic agents during pregnancy or after birth, trauma, e.g., asphyxiation, growth or nutrition disorders, and environmental factors, e.g., malnutrition. Education has proven to be the single most important intervention for persons labeled "retarded."

Children need to be aware that sometimes people with mental retardation will look and act differently from others their own age. People with Down's Syndrome, for example, sometimes have slanted eyes and protruding teeth and tongues. Other people with mental retardation will have trouble talking, holding things, eating, or playing a game. It is essential for children to realize that when they see a person with mental retardation doing something that looks "different," it does not mean that the person is "stupid" or "crazy."

Notes

Barnes, Ellen; Berrigan, Carol; and Biklen, Douglas. What's The Difference: Teaching Positive Attitudes Toward People with Disabilities. Syracuse, NY: Human Policy Press, 1978.

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Kids on the Block. State of New York Office of Mental Retardation and Developmental Disabilities, 44 Holland Ave., Albany NY 12229.

Statistics quoted from Dignity.

APPENDIX III

THE IMPACT OF INCLUSIONARY MATERIALS IN EARLY CHILDHOOD CLASSROOMS: A SUMMARY OF PRELIMINARY FINDINGS FROM FIELD TESTING THE PROJECT R.E.E.D. MATERIALS

The following research report outlines some of the preliminary results of the national field testing of Project R.E.E.D. (Resources on Educational Equity for the Disabled) materials. These findings were presented at Access to Equality: The First National Conference on Educational Equity for Disabled Women and Girls, which was held in Baltimore, MD, June 25-27, 1982. The findings show that an inclusionary curriculum stimulates discussion about disabilities and sex roles and creates an opportunity for the teacher to clarify and expand young children's understanding concerning these issues

During its second year, Project R.E.E.D. nationally field tested early childhood classroom materials that were designed to be nonsexist, multicultural, and inclusive of the disabled. The materials included hand puppets, puzzles, wooden figures that serve as accessories to children's block play, and resource photographs that can be used for display and discussion.

Field testing took place in rural, urban, and suburban areas in four sites: Miami and Fort Lauderdale, FL; Quincy, MA; Reidsville, NC; and Newport and Portland, OR. Fifteen Head Start and ten elementary (kindergarten, first- and second-grade) classrooms participated. Twenty-one of these classrooms served one or more children with disabilities. In addition, a total of sixteen special education teachers, working with special needs children up to twelve years of age, used the materials

themselves and/or lent them to regular classroom teachers to use.

Participating teachers received a half-day of training before field testing began. The materials were then left in their classrooms for a minimum of five weeks. During that time teachers were asked to record any discussions about disabilities or sex roles that occurred in conjunction with children's use of the Project R.E.E.D. materials and any comments made by adults (parents, teachers, supervisors) who noticed the materials. When field testing was completed, the participating teachers met again with a staff member from Project R.E.E.D. to discuss their experiences and hand in the materials and field testing forms.

As of this writing, the information collected during the field testing is still being analyzed. Partial findings from fourteen of the Head Start classrooms are reported below. They address the following questions:

- o Did the Project R.E.E.D. materials stimulate classroom discussions about disabilities and sex roles?
- o Who participated in these discussions?
- o Who initiated them?
- o What was the content?

The report of findings is followed by some conclusions about the use of these materials in early childhood programs.

FINDINGS

<u>Classroom discussions about disabilities and sex roles did occur in conjunction with Project R.E.E.D. materials.</u>

A total of 178 discussions about disabilities and 73 discussions about sex roles were recorded by the teachers in fourteen Head Start classrooms.

One discussion about a disability focused on the puppet with the battery pack:

> One child called the battery pack a radio. The teacher intervened, explaining that it looked like a radio, but that it took in sound to help the child hear. A second child said that the puppet had earrings. Again the teacher intervened, saying that although they looked like earrings, they really were something else. A third child interjected, "Hearing aids!"

A discussion about sex roles occurred between two children in reference to the block accessory figure of the young child holding a doll:

> First child: "That's a girl."
>
> Second child: "No, that's a boy because he's wearing pants."
>
> Third child: "No, that's a girl cause boys don't have dolls."

The block accessories stimulated more discussion about sex roles than the other materials.

The block accessories stimulated the most discussion about sex roles; while all the materials were comparable in terms of the amount of discussion they stimulated about disabilities.

Discussions about disabilities and sex roles occurred among teachers and children and among children only.

Teachers participated in slightly more than half the discussions. However, what is noteworthy is that children also talked among themselves about disabilities and sex roles, even when teachers did not participate. In those discussions in which both teachers and children participated, it was usually a child's question or comment that initiated the discussion. Thus, it can be concluded that the materials themselves are effective in evoking discussions about disabilities and sex roles and do not depend

completely on teachers to do so.

When children referred to personal experience with a disability in conjunction with the use of the Project R.E.E.D. materials, they were more accurate than inaccurate in talking about the disability depicted in the materials.

Accurate remarks outnumbered inaccurate ones and were particularly prevalent among a small group of children who referred to personal experience with disabilities. An example of an "accurate" comment occurred when a child identified the block figure of the man with dark glasses as blind, and said that he used his cane so he won't bump into things. An example of an "inaccurate" comment occurred when a child referred to a block figure and called the girl's wheelchair a bicycle.

When children referred to personal experience with nonsexist roles in conjunction with the use of the Project R.E.E.D. materials, they were more nonsexist than sex stereotypic in their comments about the material.

While sex stereotypic comments predominated on the whole, the reverse was true among a small group of children who referred to personal experiences. Most of their comments were nonsexist. For example, a child referred to the block figure of the construction worker and said, "This is a lady telephone worker. I saw a lady working out by my house this morning."

CONCLUSIONS

The introduction of the Project R.E.E.D. materials into early childhood classrooms did stimulate discussions about disabilities and sex roles, many of which were initiated by children. Although children's

remarks were sometimes sex stereotypic or inaccurate in regard to disabilities, this does not negate the value of using such inclusionary materials. The more children articulate what they think, the more opportunity there is for the teacher to help them to clarify and expand their thinking.

There was also some evidence that children drew upon prior experience with disabilities or nonsexist roles in conjunction with the Project R.E.E.D. materials. This indicates that the use of such materials should be complemented through contact with real people who are disabled and who function in society in a variety of roles. The combined impact of real experiences with the use of symbolic materials can make children more aware of the many options that exist for people regardless of sex or disabling condition.